

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90125 007 ****61.25

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04292008 Chg-NP CR2E037 (12/06)

DOCUMENT # N95000005875 1. Entity Name THE TREASURES OF MADISON COUNTY, INC.					
Principal Place of Business 901 SW PICKNEY STREET MADISON, FL 32340			Mailing Address PO BOX 541 MADISON, FL 32341		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3353147	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required..	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARDEE, CARY A 901 SW PICKNEY STREET MADISON, FL 32340				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDEE II, CARY A		NAME		
STREET ADDRESS	PO BOX 450		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32341		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCWILLIAMS, JEAN		NAME		
STREET ADDRESS	112 W PINKENEY ST		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPELAND, FRANCES		NAME		
STREET ADDRESS	P O BOX 154		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32341		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNITKER, KAY		NAME		
STREET ADDRESS	103 N. HARRY ST		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAULTSBY, HARRIET		NAME		
STREET ADDRESS	SENTINEL WAY		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAIER, JANET		NAME		
STREET ADDRESS	501 N RANGE ST		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kay Schnitker</i>			Date 4/30/08 Daytime Phone # 850.973.8980		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KAY SCHNITKER					