2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N95000005875

Entity Name: THE TREASURES OF MADISON COUNTY, INC.

Current Principal Place of Business:

901 SW PICKNEY STREET
MADISON, FL 32340

New Principal Place of Business:

214 S RANGE ST
MADISON, FL 32340

Current Mailing Address:

PO BOX 541
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-3353142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDEE, CARY A
901 SW PICKNEY STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARDEE II, CARY A
Address: PO BOX 450
City-St-Zip: MADISON, FL 32341

Title: S ( ) Delete
Name: MCWILLIAMS, JEAN
Address: 112 W PINKENEY ST
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete
Name: COPELAND, FRANCES
Address: P O BOX 154
City-St-Zip: MADISON, FL 32341

Title: T ( ) Delete
Name: SCHNITKER, KAY
Address: 103 N. HORRY ST
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete
Name: MAULTSBY, HARRIET
Address: SENTINEL WAY
City-St-Zip: MADISON, FL 32340

Title: P ( ) Delete
Name: MAIER, JANET
Address: 501 N RANGE ST
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MCWILLIAMS, JEAN
Address: 112 W PINKENEY ST
City-St-Zip: MADISON, FL 32340

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SCHNITKER, KAY
Address: 133 NE HORRY AVE
City-St-Zip: MADISON, FL 32340

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY S. SCHNITKER TREA 04/22/2009

Electronic Signature of Signing Officer or Director — Date