


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90248 027 ****61.25

DOCUMENT # N97000004852					
1. Entity Name MADISON COUNTY, FLORIDA GENEALOGY SOCIETY, INC.					
Principal Place of Business P O BOX 136 MADISON FL 32341-0136			Mailing Address P O BOX 136 MADISON FL 32341-0136		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NORRIS, SANDRA RT 1 BOX 1001 MADISON FL 32340-9414			7. Name and Address of New Registered Agent Name JAMES L. NEWBERRY Street Address (R.O. Box Number is Not Acceptable) 632 N.E. DOGWOOD ST. City MADISON FL Zip Code 32340		
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 JAMES L. NEWBERRY (PRESIDENT) <i>James L. Newberry</i> DATE 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, SANDRA RT 1 BOX 1001 MADISON FL 32340-9414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES L. NEWBERRY 632 N.E. DOGWOOD ST. MADISON, FL 32340 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUDWICK, CAROL 741 N.E. PALMETTO ST PINETTA FL 32350-2279 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVE WADG 6109 Warda Circle SANDERS, FL 32087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR-HAYNIE, BETTY P.O. BOX 636 N/A MADISON FL 32341-0136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chandler Rains 4707 E. US Hwy 90 Madison, Fla. 32340 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMOND, ELIZABETH P.O. BOX 136 N/A MADISON FL 32341-0136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAROL LUDWICK 741 N.E. PALMETTO ST PINETTA, FL 32350-2279 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, MYRTLE PO BOX 182 PINETTA FL 32350-0182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA NORRIS RT 1, BOX 1001 MADISON, FL 32340-9414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, LYLE RT 2 BOX 197 GREENVILLE FL 32331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYRTLE WALLACE P.O. BOX 182 PINETTA, FL 32340-0182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JAMES L. NEWBERRY <i>James L. Newberry</i> DATE 4/14/05 850 923-4829 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

14U0J444



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3444688** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required