ANNUAL REPORT

DOCUMENT # N97000004852

1. Entity Name
MADISON COUNTY, FLORIDA GENEALOGY SOCIETY, INC.

FILED
Feb 28, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
P O BOX 136 MADISON, FL 32341-0136	P O BOX 136 MADISON, FL 32341-0136

02102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3444688

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWBERRY, JAMES L
632 N.E. DOGWOOD ST
MADISON, FL 32340-9414

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000451097
03/10/06-80036-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORRIS, SANDRA
STREET ADDRESS	RT 1 BOX 1001
CITY-ST-ZIP	MADISON, FL 323409414
TITLE	T
NAME	LUDWICK, CAROL
STREET ADDRESS	741 N.E. PALMETTO ST
CITY-ST-ZIP	PINETTA, FL 323502279
TITLE	P
NAME	NEWBERRY, JAMES L
STREET ADDRESS	632 NE DOGWOOD
CITY-ST-ZIP	MADISON, FL 32340
TITLE	VP
NAME	WADE, STEVE
STREET ADDRESS	6109 WARBEN CIRCLE
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	D
NAME	WALLACE, MYRTLE
STREET ADDRESS	PO BOX 182
CITY-ST-ZIP	PINETTA, FL 323500182
TITLE	S
NAME	RAINS, CHANDLER
STREET ADDRESS	4707 E. US HWY 90
CITY-ST-ZIP	MADISON, FL 32340

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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: James L. Newberry JAMES L. NEWBERRY 2/10/06 850 973-4829
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DESIGNATED OR DIRECTOR Date Daytime Phone #