

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90053 012 ****61.25

DOCUMENT # N97000004852

1. Entity Name

MADISON COUNTY, FLORIDA GENEALOGY SOCIETY, INC.



Principal Place of Business

Mailing Address

P O BOX 136
MADISON FL 32341-0136

P O BOX 136
MADISON FL 32341-0136

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

Name **John Ludwick**

Street Address (P.O. Box Number is Not Acceptable)

787 NE Palmetto St

City **Pinetia**

FL

Zip Code

32350

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

(NOTE: Registered Agent signature required when reissuing)

John Ludwick

02/14/2007

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	NORRIS, SANDRA	
STREET ADDRESS	RT 1 BOX 1001	
CITY- ST- ZIP	MADISON FL 32340-9414	
TITLE	T	☒ Delete
NAME	LUDWICK, CAROL	
STREET ADDRESS	741 N.E. PALMETTO ST	
CITY- ST- ZIP	PINETTA FL 32350-2279	
TITLE	P	☒ Delete
NAME	NEWBERRY, JAMES L	
STREET ADDRESS	632 NE DOGWOOD	
CITY- ST- ZIP	MADISON FL 32340	
TITLE	VP	☒ Delete
NAME	WADE, STEVE	
STREET ADDRESS	6109 WARREN CIRCLE	
CITY- ST- ZIP	SANDERSON FL 32087	
TITLE	D	☒ Delete
NAME	WALLACE, MYRTLE	
STREET ADDRESS	PO BOX 182	
CITY- ST- ZIP	PINETTA FL 32350-0182	
TITLE	S	☐ Delete
NAME	RAINS, CHANDLER	
STREET ADDRESS	4707 E. US HWY 90	
CITY- ST- ZIP	MADISON FL 32340	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☐ Change ☒ Addition
NAME	STANLEY E. McCLain	
STREET ADDRESS	1150 NE Duval Pond Rd.	
CITY- ST- ZIP	MADISON, FL 32340	
TITLE	T	☐ Change ☒ Addition
NAME	Judy L. McClain	
STREET ADDRESS	1150 NE Duval Pond Rd	
CITY- ST- ZIP	Madison, FL 32340	
TITLE	VP II	☐ Change ☒ Addition
NAME	CAROL LUDWICK	
STREET ADDRESS	787 NE Palmetto St	
CITY- ST- ZIP	Pinetia, FL 32350	
TITLE	P	☐ Change ☒ Addition
NAME	JOHN LUDWICK	
STREET ADDRESS	787 NE Palmetto St	
CITY- ST- ZIP	Pinetia, FL 32350	
TITLE	(S) Chandler Rains	☐ Change ☐ Addition
NAME	4707 E. U.S. Hwy 90	
STREET ADDRESS	Madison, Fla. 32340	
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John Ludwick

2/18/07

850 929 3742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #