2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004852

FILED Jul 16, 2008 Secretary of State

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

P O BOX 136 787 NE PALMETTO ST. MADISON, FL 323410136 PINETTO, FL 32350

Current Mailing Address: New Mailing Address:

P O BOX 136 PO BOX 136

MADISON, FL 323410136 MADISON, FL 323410136

FEI Number: 59-3444688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWBERRY, JAMES L
632 N.E. DOGWOOD ST
787 NE PALMETTO ST.
MADISON, FL 323409414 US
PINETTA, FL 32350 US

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: JOHN E LUDWICK 07/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition Name: NORRIS, SANDRA Name: LUDWICK, JOHN E

 Address:
 RT 1 BOX 1001
 Address:
 787 NE PALMETTO ST.

 City-St-Zip:
 MADISON, FL 323409414
 City-St-Zip:
 PINETTO, FL 323502279

Title: T () Delete Title: D (X) Change () Addition
Name: LUDWICK, CAROL

Address: 744 N.F. BALMETTO CT

Address: 741 N.E. PALMETTO ST
City-St-Zip: PINETTA, FL 323502279

Address: 787 N.E. PALMETTO ST
City-St-Zip: PINETTA, FL 323502279

 Title:
 P () Delete
 Title:
 VP (X) Change () Addition

 Name:
 NEWBERRY, JAMES L
 Name:
 MCCLAIN, STANLEY E

 Address:
 632 NE DOGWOOD
 Address:
 1150 NE DUVAL POND ROAD

City-St-Zip: MADISON, FL 32340 City-St-Zip: MADISON, FL 32340

Title: VP () Delete Title: T (X) Change () Addition

Name: WADE, STEVE Name: MCCLAIN, JUDY L

Address: 6109 WARBEN CIRCLE Address: 1150 NE DUVAL POND ROAD
City-St-Zip: SANDERSON, FL 32087 City-St-Zip: MADISON, FL 32340

11,7-31-21p. SANDENGON, 1 E 32007

Title: D (X) Delete Title: () Change () Addition Name: WALLACE, MYRTLE Name:

 Address:
 PO BOX 182
 Address:

 City-St-Zip:
 PINETTA, FL 323500182
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 RAINS, CHANDLER
 Name:

 Address:
 4707 E. US HWY 90
 Address:

 City-St-Zip:
 MADISON, FL 32340
 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: JOHN LUDWICK MR 07/16/2008

Electronic Signature of Signing Officer or Director

Date