

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004852

FILED
Feb 12, 2009
Secretary of State

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

Current Principal Place of Business:

787 NE PALMETTO ST.
PINETTO, FL 32350

New Principal Place of Business:

542 NE REAGAN RD
MADISON, FL 32340

Current Mailing Address:

PO BOX 136
MADISON, FL 323410136

New Mailing Address:

FEI Number: 59-3444688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDWICK, JOHN E
787 NE PALMETTO ST.
PINETTA, FL 32350 US

Name and Address of New Registered Agent:

MCLEOD, ANNIE M
542 NE REAGAN RD.
MADISON, FL 32340 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: ANNIE M. MCLEOD

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUDWICK, JOHN E
Address: 787 NE PALMETTO ST.
City-St-Zip: PINETTO, FL 323502279

Title: D () Delete
Name: LUDWICK, CAROL
Address: 787 N.E. PALMETTO ST
City-St-Zip: PINETTA, FL 323502279

Title: VP () Delete
Name: MCCLAIN, STANLEY E
Address: 1150 NE DUVAL POND ROAD
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: MCCLAIN, JUDY L
Address: 1150 NE DUVAL POND ROAD
City-St-Zip: MADISON, FL 32340

Title: S () Delete
Name: RAINS, CHANDLER
Address: 4707 E. US HWY 90
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCLEOD, ANNIE M
Address: 542 NE REAGAN RD
City-St-Zip: MADISON, FL 32340

Title: D (X) Change () Addition
Name: NEWBERRY, JIM
Address: 632 DOGWOOD STREET
City-St-Zip: PINETTA, FL 32340

Title: VP (X) Change () Addition
Name: ROLLINS, SONNY
Address: P. O. BOX 247
City-St-Zip: PINETTA, FL 32350

Title: T (X) Change () Addition
Name: MCLEOD, JOHN W
Address: 542 NE REAGAN RD
City-St-Zip: MADISON, FL 32340

Title: S (X) Change () Addition
Name: RISOLI, DONNA
Address: 4019 N E ROCKY FORD ROAD
City-St-Zip: MADISON, FL 32340

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: ANNIE M. MCLEOD

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date