

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004852

FILED  
Mar 22, 2012  
Secretary of State

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

**Current Principal Place of Business:**

542 NE REAGAN RD  
MADISON, FL 32340

**New Principal Place of Business:**

**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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: NEWBERRY, JIM  
Address: 632 DOGWOOD STREET  
City-St-Zip: PINETTA, FL 32340

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANNIE M. MCLEOD

P

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date