


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001679	
1. Entity Name MADISON COUNTY DEVELOPMENT COUNCIL, INC.	

Principal Place of Business	Mailing Address
105 N RANGE ST MADISON, FL 32340	105 N RANGE ST MADISON, FL 32340

DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3574533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MEGGS, D E SR
500 S DUVAL ST
MADISON, FL 32340

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

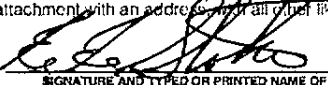
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000336869 04/27/05-80144-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MEGGS, D E 500 S DUVAL ST MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOKES, E E 349 SW CAPTAIN BROWER RD MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEEMING, WILLIAM M 400 W BASE ST MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 for all other like empowered.

SIGNATURE:  **E.E. STOKES** **4/19/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #