## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2006 8:00 am Secretary of State

DOCUMENT # N9900001679  1. Entity Name MADISON COUNTY DEVELOPMENT COUNCIL, INC.					02-01-2006 90012 004 ****61.25					
Principal Plac 105 N RANG MADISON, FL	E ST	Mailing Address 105 N RANGE ST MADISON, FL 32340			i cegmen gre leve	tain asin asin âsi	1 <b>98</b> 04 <b>8212</b> £	1870 BITH (TÚTÚ (Š	iriai eo mei	
2. Principal P	nece of Businessa  NE Kunge Ave	3. Mailing Address 125 1 E 2 Suite, Apt. #, etc.	ano A	~			) HALLS BELLEVILLE	21E 210 1249 124		
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City & State		City & State  Madi 50 n	FL		4. FEI Number 59-357453	33		_ <u></u>	optled For ot Applicable	
Zip 323	Country	<sup>Zip</sup> ラン340	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	iltional	
325	6. Name and Address of Current R		1	l	7. Name and Add	iress of New R	agistared			
U5000 5	All to the same of	<del>-</del>	Name	-		-				
MEGGS, D E SR 500 S DUVAL ST			Street A	Street Address (P.O. Box Number is Not Acceptable)						
MADISON	, FL 32340							· · ·		
			City				FL	Zip Cod	8	
	named entity submits this statement for	the purpose of changing its re	gistered office or	register	ed agent, or both, in	the State of Fk	orida. I am	familiar with,	and accept	
the obligat	tions of registered agent.									
SIGNATURE .	Signature, typed or protect name of registered agent an	district analysis /MTTE- 5	Registered Agent signets	-	when remetations		DATE			
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	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		<u> </u>	\$5.00 May Be Added to Fees			k payable t rtment of S		
10.	Due by May 1, 2006 OFFICERS AND DIRE	Trust Fund Co	ntribution.			Flor	ida Depa	rtment of S	tate	
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	Due by May 1, 2006 OFFICERS AND DIRE	Trust Fund Co	ntribution.  11.  TITLE		Added to Fees	Flor	ida Depa	rtment of S	tate	
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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 resolver 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: Paula Amold 1.26-06 9733788