


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90027 024 ****61.25

DOCUMENT # N99000001679 1. Entity Name MADISON COUNTY DEVELOPMENT COUNCIL, INC.																																																																																																																																									
Principal Place of Business 125 NE RANGE AVE MADISON, FL 32340			Mailing Address 125 NE RANGE AVE MADISON, FL 32340																																																																																																																																						
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																																																																																																																																						
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																																																						
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Country 		Country 		4. FEI Number 59-3574533																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent MEGGS, D E SR 500 S DUVAL ST MADISON, FL 32340			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>CP MEGGS, D E</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 S DUVAL ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MADISON, FL 32340</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>STOKES, E E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>349 SW CAPTAIN BROWER RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MADISON, FL 32340</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>DEEMING, WILLIAM M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>400 W BASE ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MADISON, FL 32340</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ARNOLD, PAULA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>128 NE RANGE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MADISON, FL 32340</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	CP MEGGS, D E	<input type="checkbox"/>	STREET ADDRESS	500 S DUVAL ST		CITY-ST-ZIP	MADISON, FL 32340		TITLE	T	<input type="checkbox"/>	NAME	STOKES, E E		STREET ADDRESS	349 SW CAPTAIN BROWER RD		CITY-ST-ZIP	MADISON, FL 32340		TITLE	S	<input checked="" type="checkbox"/>	NAME	DEEMING, WILLIAM M		STREET ADDRESS	400 W BASE ST		CITY-ST-ZIP	MADISON, FL 32340		TITLE	S	<input type="checkbox"/>	NAME	ARNOLD, PAULA		STREET ADDRESS	128 NE RANGE AVE		CITY-ST-ZIP	MADISON, FL 32340		TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input checked="" type="checkbox"/> <input type="checkbox"/>	NAME	S		STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, with all other like empowered.																																																																																																																																									
SIGNATURE: _____ <i>Paula Arnold</i> 5/12/07 (850) 971-5744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									



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