

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 041 ****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 # 229 SW Pinckney St. Suite, Apt. #, etc. Suite 219 City & State Madison, FL Zip 32340 Country USA		3. Mailing Address PO Box 539 Suite, Apt. #, etc. City & State Madison, FL Zip 32341 Country USA			
4. FEI Number 59-3574533		Applied For <input type="checkbox"/> Not Applicable			
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 <u>Allen Cherry</u> Street Address (P.O. Box Number is Not Acceptable) 229 SW Pinckney St. Suite 219 City <u>Madison</u> <u>FL</u> Zip Code <u>32340</u>		
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 <u>Allen Cherry</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Allen Cherry</u> <small>(NOTE: Registered Agent signature required when resigning)</small>		<u>2/5/2008</u> <small>DATE</small>	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MEGGS, D E 500 S DUVAL ST MADISON, FL 32340	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOKES, E E 349 SW CAPTAIN BROWER RD MADISON, FL 32340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	349 SW Captain Brown Rd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD, PAULA 128 NE RANGE AVE MADISON, FL 32340	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Cheryl Archambault 286 NE Rd 255 Lee, FL 32059	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen Cherry 229 SW Pinckney St., Suite 219 Madison, FL 32340	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sherilyn Pickels 229 SW Pinckney St., Suite 219 Madison, FL 32340	
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: <u>Allen Cherry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Allen Cherry</u> <small>Date</small>		<u>2/5/2008</u> <small>Daytime Phone #</small>	
850-973-3179					