

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001679

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** MADISON COUNTY DEVELOPMENT COUNCIL, INC.

**Current Principal Place of Business:**

229 SW PICKNEY ST.  
SUITE 219  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 539  
MADISON, FL 32341

**New Mailing Address:**

**FEI Number:** 59-3574533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, CHERRY  
229 SW PINCKNEY ST.  
SUITE 219  
MADISON, FL 32340 US

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

CHERRY, ALLEN  
229 SW PINCKNEY ST.  
SUITE 219  
MADISON, FL 32340 US

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: ALLEN CHERRY

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: STOKES, E E  
Address: 349 SW CAPTAIN BROWN RD.  
City-St-Zip: MADISON, FL 32340

Title: C ( ) Delete  
Name: ARCHAMBAULT, CHERYL  
Address: 286 NE CR 255  
City-St-Zip: LEE, FL 32059

Title: D ( ) Delete  
Name: ALLEN, CHERRY  
Address: 229 SW PICKNEY ST. SUITE 219  
City-St-Zip: MADISON, FL 32340

Title: S ( ) Delete  
Name: PICKELS, SHERILYN  
Address: 229 560 PINCKNEY ST., SUITE 219  
City-St-Zip: MADISON, FL 32340

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: STOKES, GENE  
Address: 349 SW CAPTAIN BROWN RD.  
City-St-Zip: MADISON, FL 32340

Title: C (X) Change ( ) Addition  
Name: MEGGS, EDWARD  
Address: 301 EAST BASE STREET  
City-St-Zip: MADISON, FL 32340

Title: D (X) Change ( ) Addition  
Name: CHERRY, ALLEN  
Address: 229 SW PICKNEY ST. SUITE 219  
City-St-Zip: MADISON, FL 32340

Title: S (X) Change ( ) Addition  
Name: PICKELS, SHERILYN  
Address: 229 SW PINCKNEY ST., SUITE 219  
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALLEN CHERRY

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date