

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001679

**FILED**  
**Mar 08, 2011**  
**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:**

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** MEGGS, EDWARD SR.  
**Address:** P.O. BOX 834  
**City-St-Zip:** MADISON, FL 32341

**Title:** C  
**Name:** BROWN, DOUGLAS  
**Address:** 2552 E US HWY 90  
**City-St-Zip:** MADISON, FL 32340

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

**Title:** S  
**Name:** PICKELS, SHERILYN  
**Address:** 229 SW PINCKNEY ST., SUITE 219  
**City-St-Zip:** MADISON, FL 32340

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD MEGGS SR.

T

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date