

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022718

FILED
May 01, 2006
Secretary of State

Entity Name: MADISON COUNTY COMMUNITY BANK

Current Principal Place of Business:

500 S DUVAL STREET
MADISON, FL 32340

New Principal Place of Business:

139 SW MACON ST.
MADISON, FL 32340

Current Mailing Address:

500 S DUVAL STREET
MADISON, FL 32340

New Mailing Address:

139 SW MACON ST
MADISON, FL 32340

FEI Number: 59-3559141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MEGGS, DOWAL E PRES.
139 SW MACON ST.
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: D. EDWARD MEGGS

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARDEE, CARY A II
Address: PO DRAWER 450
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: BEGGS, THOMAS J IV
Address: 106 RANGE ST
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: BROWN, WILLIAM F JR
Address: RT 3 BOX 10
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: CHERRY, CARSON L SR
Address: P.O. BOX 218
City-St-Zip: LEE, FL 32059

Title: D () Delete
Name: CHERRY, M. ALLEN
Address: RT 2 BOX 1337M
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: COLEBURN, JAMES H
Address: 703 NE LIVINGSTON ST
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PHILLIPS, HOWARD O
Address: 403 SE RAVENSWOOD WAY
City-St-Zip: MADISON, FL 32340

Title: D (X) Change () Addition
Name: BROWN, WILLIAM F JR
Address: 208 NE ROCKY FORD ROAD
City-St-Zip: MADISON, FL 32340

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD O. PHILLIPS

VP

05/01/2006

Electronic Signature of Signing Officer or Director

Date