

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022718

FILED
Apr 21, 2009
Secretary of State

Entity Name: MADISON COUNTY COMMUNITY BANK

Current Principal Place of Business:

301 EAST BASE STREET
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 834
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-3559141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEGGS, DOWAL E PRES.
301 E. BASE STREET
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: SRVP () Delete
Name: PHILLIPS, HOWARD O
Address: 403 SE RAVENSWOOD WAY
City-St-Zip: MADISON, FL 32340

Title: DIR () Delete
Name: RUTHERFORD, WILLIAM D
Address: 3774 SUNDOWN CREEK ROAD
City-St-Zip: GREENVILLE, FL 32331

Title: DIR () 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: 126 SW SUMATRA AVE
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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

SRVP

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date