

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721174

Entity Name: SENIOR CITIZENS COUNCIL OF MADISON COUNTY, INC.**Current Principal Place of Business:**1161 SW HARVEY GREENE DRIVE
MADISON, FL 32340**Current Mailing Address:**PO BOX 204
MADISON, FL 32341 US**FEI Number:** 23-7097794**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RICHARDSON, ROSA B
1161 SW HARVEY GREENE DRIVE
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PEAVY, OPIE
Address RT. 4 BOX 6012
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name RAY, JAMES
Address P. O. BOX 763
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name MOORE, RONNIE
Address 6513 NW LOVETT RD
City-State-Zip: GREENVILLE FL 32331

Title DIRECTOR
Name ANDERSON, GEORGE
Address 176 SW GEORGE TOWN RD
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name STANLEY, JAMES
Address 183 SE OAK STREET
City-State-Zip: MADISON FL 32340

Title EXECUTIVE DIRECTOR
Name RICHARDSON, ROSA B
Address PO BOX 204
City-State-Zip: MADISON FL 32341

Title VP
Name ARNOLD, PAULA
Address 1424 SW EDGEWOOD AVE.
City-State-Zip: GREENVILLE FL 32331

Title TREASURER
Name JOHNSON, BRADLEY
Address 10922 NE ROCKY FORD ROAD
City-State-Zip: MADISON FL 32340

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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: ROSA RICHARDSON**EXECUTIVE DIRECTOR****02/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	JOHNSON, TERRY A	Name	MCCREARY, LAFRENCHEE L
Address	176 SE FLAG ST.	Address	609SWSUMMERSET WAY
City-State-Zip:	MADISON FL 32340	City-State-Zip:	MADISON FL 32340