2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721174

Entity Name: SENIOR CITIZENS COUNCIL OF MADISON COUNTY, INC.

FILED
Jan 15, 2017
Secretary of State
CC7754507401

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 P Title VPD

Name PEAVY, OPIE Name PHILLIPS, HOWARD

Address RT. 4 BOX 6012 Address 403 SW RAVEN WOOD WAY

City-State-Zip: MADISON FL 32340 City-State-Zip: MADISON FL 32340

Title D Title S

Name RAY, JAMES Name PRITCHETT, ELESTA

Address P. O. BOX 763 Address 272 SW RAY CHARLES AVE.

City-State-Zip: MADISON FL 32340 City-State-Zip: GREENVILLE FL 32331

Title D Title DIRECTOR

Name MOORE, RONNIE Name ANDERSON, GEORGE

Address 6513 NW LOVETT RD Address 176 SW GEORGE TOWN RD

City-State-Zip: GREENVILLE FL 32331 City-State-Zip: MADISON FL 32340

Title DIRECTOR Title EXECUTIVE DIRECTOR

Name RICHARDSON, ROSA B

Name STANLEY, JAMES Name RICHARDSON, ROSA B
Address PO BOX 204

Address 183 SE OAK STREET Address PU BUX 204

City-State-Zip: MADISON FL 32340 City-State-Zip: MADISON FL 32341

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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 B. RICHARDSON

EXECUTIVE DIRECTOR

01/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title TREASURER
Name ARNOLD, PAULA

Address 1424 SW EDGEWOOD AVE.
City-State-Zip: GREENVILLE FL 32331