

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109037

Entity Name: MADISON COMMUNITY BANCSHARES CORPORATION**Current Principal Place of Business:**301 EAST BASE STREET
MADISON, FL 32340**Current Mailing Address:**POST OFFICE BOX 834
MADISON, FL 32341 US**FEI Number:** 26-1236313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEGGS, D EDWARD SR.
301 EAST BASE STREET
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, SR

05/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CHERRY, M ALLEN
Address 2133 NE CATTAIL DRIVE
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name CHERRY, CARSON L SR.
Address P.O. BOX 218
City-State-Zip: LEE FL 32059

Title DIRECTOR
Name RUTHERFORD, WILLIAM D
Address 3774 SW SUNDOWN CREEK ROAD
City-State-Zip: GREENVILLE FL 32331

Title DIRECTOR
Name HENDERSON, GORDON ALVIN
Address 903 NE CAYENNE DRIVE
City-State-Zip: LEE FL 32059

Title DIRECTOR
Name SCHNITKER, CLAY A
Address 1476 NE SR 6
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name LEWIS, JOHN C
Address P.O. BOX 478
City-State-Zip: MADISON FL 32341

Title DIRECTOR
Name ROBINSON, LOWELL
Address P.O BOX 298
City-State-Zip: MADISON FL 32341

Title DIRECTOR
Name HARDEE, CARY A II
Address PO BOX 450
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM M PRIMM

VP / CFO

05/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CFO, VP
Name PRIMM, WILLIAM M
Address 383 NW WHISPERING PINES LOOP
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name COLEBURN, JAMES H
Address PO BOX 321
City-State-Zip: MADISON FL 32341

Title PRESIDENT, CEO, DIRECTOR
Name MEGGS, D EDWARD SR.
Address 3383 EAST US HIGHWAY 90
City-State-Zip: MADISON FL 32340