

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109037

FILED
Apr 29, 2019
Secretary of State
4629321942CC

Entity Name: MADISON COMMUNITY BANCSHARES CORPORATION

Current Principal Place of Business:

301 EAST BASE STREET
MADISON, FL 32340

Current Mailing Address:

PO BOX 834
MADISON, FL 32341

FEI Number: 26-1236313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEGGS, D. EDWARD PRES
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.

04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title D
Name HENDERSON, ALVIN
Address 903 NE CAYENNE DR.
City-State-Zip: LEE FL 32059

Title D
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: MALLENE F MOSIER

CFO

04/29/2019

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 DIRECTOR
Name WILLIAMS, JAMES F
Address PO BOX 633
City-State-Zip: MADISON FL 32341

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

Title CFO
Name MOSIER, MALLENE F
Address 1643 SW GENOA WAY
City-State-Zip: MADISON FL 32340