



**RONNY LOTT**  
MADISON COUNTY CHANCERY CLERK  
P. O. Box 404  
CANTON, MS 39046  
RONNY.LOTT@MADISON-CO.COM

PHONE 601-855-5526

FAX 601-855-5759

**MEMORANDUM**

TO: Madison County Board of Supervisors

FROM: Ronny Lott, Chancery Clerk

DATE: April 29, 2026

RE: Applications for Notary Public Commission renewals

The county has four Notaries Public commissions which will expire this year. I am asking you to approve payment for their application fees of \$25.00 each. According to the Secretary of State's office, these fees can be submitted in one check totaling \$100.00. I have attached a copy of said applications for your reference.



**Michael Watson**  
SECRETARY OF STATE

**APPLICATION FOR NOTARY PUBLIC COMMISSION**

- Please type or print in ink. Name will appear on certificate as it is entered on this Form.
- This form is designed to be completed and printed from your computer. You cannot save the form on your computer unless you have the appropriate software. Fields marked with an asterisk (\*) are required. Return completed Application and the \$25.00 fee to the Secretary of State, Business Services Division, P.O. Box 136, Jackson, MS 39205-0136. If you do not submit your bond within (60) sixty days, your application will be in lapse status and applicant will have to start the notary process again.

This is a  New  Current Commission      Expiration Date: 11/7/26      Notary ID#: 346098  
 (Check only one)      (Current Commission)

Legal Name of Applicant: \* Gena Brock Permenter

Commission Name of Applicant: \* Gena B Permenter

Applicant's name will appear on notary commission exactly as entered for "Commission Name of Applicant" above. Full last name required. Initial allowed only for the first or middle name. Allowed: suffixes (Jr., Sr., II, III, etc.). Not allowed: full or abbreviated titles such as "Doctor," "Reverend," "Esquire," or similar. This form must be signed on the signature line below, exactly as Commission Name of Applicant reads above. Must be handwritten and legible; if signature is not legible, print name immediately adjacent to signature.

1. Date of Birth: [REDACTED] Govt. Identification #: [REDACTED] County of Residence: \* [REDACTED]  
Drivers License or Non-Driver MS ID

2. Street Address: \* [REDACTED] City: \* [REDACTED] MS Zip Code: \* [REDACTED]  
 Check here if you would like this address published on the Notary Website.

3. Optional Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Check here if you would like this address published on the Notary Website.

4. Telephone: [REDACTED] Email: \* gena.permenter@madison-co.com PIN: [REDACTED] (Any 4 digits such as last 4 of SSN)  
 Your commission will be emailed to you. No physical copy will be mailed.

**Business/Employer Information:** This information will be published on the Notary Website. If you do not provide this information, your personal residential or mailing address will be listed on the Notary Website.

5. Business Name: \* Madison County Chancery Clerk Telephone: \* (601) 855-5535

6. Street Address: \* 146 West Center St City: \* Canton Zip: \* 39046

7. Mailing Address: P.O. Box 404 City: Canton Zip: 39046

Under penalty of perjury, I hereby certify that: I have read the instructions and the Notary Public Regulations and understand the qualifications for appointment to the Office of Notary Public; I am at least 18 years of age and I have never been convicted of a felony in this State or other state-nation and am not presently incarcerated or on parole; I have never had a denial, revocation, suspension, restriction, or resignation of a notarial commission in this State or any other state or nation; I can read and write the English language; I am a Citizen or other permanent legal resident of the United States; and I reside at the physical residential address provided on this application.

I swear or affirm that the above information is true and correct. Gena B. Permenter

Sworn to and subscribed before me this 23rd day of April, 2026. (Signature of Applicant)

State of Mississippi  
 County of: Madison

Notary Public Stacy D. Toten

My Commission Expires: 8-18-2026







**Michael Watson**  
SECRETARY OF STATE

**APPLICATION FOR NOTARY PUBLIC COMMISSION**

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This is a  New  Current Commission      Expiration Date: 08-02-2026      Notary ID#: 335277  
 (Check only one)      (Current Commission)

Legal Name of Applicant: \* Martha Davis McKnight

Commission Name of Applicant: \* Martha Davis McKnight

Applicant's name will appear on notary commission exactly as entered for "Commission Name of Applicant" above. Full last name required. Initial allowed only for the first or middle name. Allowed: suffixes (Jr., Sr., II, III, etc.). Not allowed: full or abbreviated titles such as "Doctor," "Reverend," "Esquire," or similar. This form must be signed on the signature line below, exactly as Commission Name of Applicant reads above. Must be handwritten and legible; if signature is not legible, print name immediately adjacent to signature.

- Date of Birth: \* [Redacted]      Govt. Identification #: \* [Redacted]      County of Residence: \* [Redacted]  
Drivers License or Non-Driver MS ID
- Street Address: \* [Redacted]      City: \* [Redacted]      MS Zip Code: \* [Redacted]  
 Check here if you would like this address published on the Notary Website.
- Optional Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Check here if you would like this address published on the Notary Website.
- Telephone: \* [Redacted]      Mail: \* gigales101071@aol.com      PIN: \* [Redacted]      (Any 4 digits such as last 4 of SSN)  
Your commission will be emailed to you. No physical copy will be mailed.

madison-co.com

**Business/Employer Information:** This information will be published on the Notary Website. If you do not provide this information, your personal residential or mailing address will be listed on the Notary Website.

- Business Name: \* Madison County of Supervisors      Telephone: \* 601-790-2520
- Street Address: \* 3137 South Liberty Street      City: \* Canton      Zip: \* 39046
- Mailing Address: 3137 South Liberty Street      City: Canton      Zip: 39046

Under penalty of perjury, I hereby certify that: I have read the instructions and the Notary Public Regulations and understand the qualifications for appointment to the Office of Notary Public; I am at least 18 years of age and I have never been convicted of a felony in this State or other state-nation and am not presently incarcerated or on parole; I have never had a denial, revocation, suspension, restriction, or resignation of a notarial commission in this State or any other state or nation; I can read and write the English language; I am a Citizen or other permanent legal resident of the United States; and I reside at the physical residential address provided on this application.

I swear or affirm that the above information is true and correct. Martha Davis McKnight

Sworn to and subscribed before me this 23rd day of April, 2026 (Signature of Applicant)

State of Mississippi  
County of: Madison

Notary Public GENA B PERMENTER

My Commission Expires: 11/17/2026





**Michael Watson**  
SECRETARY OF STATE

**APPLICATION FOR NOTARY PUBLIC COMMISSION**

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This is a  New  Current Commission      Expiration Date: 06/22/2024      Notary ID#: 315468  
 (Check only one)      (Current Commission)

Legal Name of Applicant: \* Brittany N. Hollins

Commission Name of Applicant: \* Brittany N. Hollins

Applicant's name will appear on notary commission exactly as entered for "Commission Name of Applicant" above. Full last name required. Initial allowed only for the first or middle name. Allowed: suffixes (Jr., Sr., II, III, etc.). Not allowed: full or abbreviated titles such as "Doctor," "Reverend," "Esquire," or similar. This form must be signed on the signature line below, exactly as Commission Name of Applicant reads above. Must be handwritten and legible; if signature is not legible, print name immediately adjacent to signature.

1. Date of Birth: [Redacted] Govt. Identification #: [Redacted] County of Residence: \* [Redacted]  
Driver's License or Non-Driver MS ID

2. Street Address: \* [Redacted] City: [Redacted] MS Zip Code: [Redacted]  
 Check here if you would like this address published on the Notary Website.

3. Optional Mailing Address: [Redacted] City: [Redacted] State: [Redacted]  
 Check here if you would like this address published on the Notary Website.

4. Telephone: \* [Redacted] Email: \* hollins.brittany@gmail.com PIN: \* [Redacted] (Any 4 digits such as last 4 of SSN)  
 Your commission will be emailed to you. No physical copy will be mailed.

**Business/Employer Information:** This information will be published on the Notary Website. If you do not provide this information, your personal residential or mailing address will be listed on the Notary Website.

5. Business Name: \* Madison County Board of Supervisors Telephone: \* 601-855-5613

6. Street Address: \* 125 West North St. City: \* Canton Zip: \* 39046

7. Mailing Address: P.O. Box 608 City: Canton Zip: 39046

Under penalty of perjury, I hereby certify that: I have read the instructions and the Notary Public Regulations and understand the qualifications for appointment to the Office of Notary Public; I am at least 18 years of age and I have never been convicted of a felony in this State or other state-nation and am not presently incarcerated or on parole; I have never had a denial, revocation, suspension, restriction, or resignation of a notarial commission in this State or any other state or nation; I can read and write the English language; I am a Citizen or other permanent legal resident of the United States; and I reside at the physical residential address provided on this application.

I swear or affirm that the above information is true and correct. Brittany N. Hollins  
 Sworn to and subscribed before me this 23rd day of April, 2026. (Signature of Applicant)

State of Mississippi  
 County of: Madison

Notary Public Cheryl H. Rushton

My Commission Expires: 1/12/2029

