

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N47150** (0)

1. Corporation Name

**MADISON COUNTY FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.**



Principal Place of Business

Mailing Address

314 SW HORRY ST  
MADISON FL 32340  
US

P.O. BOX 419  
MADISON FL 32340  
US

3. Date Incorporated or Qualified **02/04/1992** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 P O Box 181

4. FEI Number **59-3112453** Applied For Not Applicable

22 City & State

27 City & State **Madison, Fl. 32341**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDEE, CARY A.  
215 S.E. PINCKNEY ST.  
314 SE HORRY ST  
MADISON FL 32340**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **D**  
NAME **ANDREWS, JENOBEL Z.**  
STREET ADDRESS **PO BOX 771**  
CITY-ST-ZIP **MADISON FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD**  
NAME **CANTEY, PAT S. JR**  
STREET ADDRESS **620 CANTEY DR**  
CITY-ST-ZIP **MADISON FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **PD**  
NAME **CAVE, MONTEEN M.**  
STREET ADDRESS **PO BOX 1027**  
CITY-ST-ZIP **MADISON FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D**  
NAME **CHERRY, LUCILE W.**  
STREET ADDRESS **104 BUNKER ST**  
CITY-ST-ZIP **MADISON FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD**  
NAME **GRIFFIN, RAY**  
STREET ADDRESS **504 W. BASE ST.**  
CITY-ST-ZIP **MADISON FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **TD**  
NAME **SANDERS, EMMETT P**  
STREET ADDRESS **300 W. MEETING ST**  
CITY-ST-ZIP **MADISON FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Monteen M. Cave*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Monteen M. Cave, President**

Feb. 5, 1996

Date

904 973 4126

Daytime Phone #

CR2E037 (12/95)