

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 101 N. RANGE ST. MADISON FL 32340 US	Mailing Address PO BOX 181 MADISON FL 32341-1027
--	--

3. Date Incorporated or Qualified 02/04/1992
4. FEI Number 59-3112453
Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 P. O. Box 181
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23	28 Madison, FL
24 Zip	25 Country
29 32341	30 U. S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HARDEE, CARY A.
215 S.E. PINCKNEY ST.
MADISON FL 32341-0450**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 **Cary A. Hardee, Registered Agent** DATE **Jan 7, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVE, MONTEEN M	1.2 NAME	
STREET ADDRESS	PO BOX 1027-NA	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32341	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, GEORGE M	2.2 NAME	
STREET ADDRESS	PO BOX 119-NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32341	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFF, MARY B	3.2 NAME	
STREET ADDRESS	PO DRAWER 570-NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32341	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, TIM	4.2 NAME	
STREET ADDRESS	PO BOX 237-NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32341	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, RAY	5.2 NAME	D Griffin, Ray
STREET ADDRESS	504 W. BASE ST.	5.3 STREET ADDRESS	504 W. Base St.
CITY-ST-ZIP	MADISON FL	5.4 CITY-ST-ZIP	Madison, FL. 32340
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, EMMETT P	6.2 NAME	D Edward Meggs
STREET ADDRESS	300 W. MEETING ST	6.3 STREET ADDRESS	400 W. Base St.
CITY-ST-ZIP	MADISON FL	6.4 CITY-ST-ZIP	Madison, FL. 32340

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, President** DATE: **Jan 7, 1998** TELEPHONE: **850 973 4636**

CR2E037 (10/97)