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03-01-1999 90233 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47150

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/04/1992

4. FEI Number

59-3112453

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAVE, MONTEEN M	
STREET ADDRESS	PO BOX 1027-NA	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIS, GEORGE M	
STREET ADDRESS	PO BOX 119-NA	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUFF, MARY B	
STREET ADDRESS	PO DRAWER 570-NA	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANDERS, TIM	
STREET ADDRESS	PO BOX 237-NA	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, RAY	
STREET ADDRESS	504 W. BASE ST.	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEGGS, EDWARD	
STREET ADDRESS	400 W BASE ST	
CITY-ST-ZIP	MADISON FL 32340	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Pres.

Date

1/11/99

Daytime Phone #

850/973.4636

CR2E037 (1/98)