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 EDUC ATION, 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
21:
Suite, Apt. #, etc
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: P O Box 181
Suite, Apt. #, etc.
27:
City & State
28: Madison,Fl. 32341
Zip 29: Country 30:

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

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

9. **Name and Address of Current Registered Agent**

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, JENOBEL Z.		12 NAME		
STREET ADDRESS	PO BOX 771		13 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CANTEY, PAT S. JR		22 NAME		
STREET ADDRESS	620 CANTEY DR		23 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CAVE, MONTEEN M.		32 NAME		
STREET ADDRESS	PO BOX 1027		33 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CHERRY, LUCILE W.		42 NAME		
STREET ADDRESS	104 BUNKER ST		43 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		44 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, RAY		52 NAME		
STREET ADDRESS	504 W. BASE ST.		53 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		54 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SANDERS, EMMETT P		62 NAME		
STREET ADDRESS	300 W. MEETING ST		63 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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 — Feb. 5, 1996 (Date) — 904 973 4126 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monteen M. Cave, President