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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
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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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P. O. Box 181

27 Suite, Apt. #, etc.

28 City & State

29 Madison, FL

Zip

32341

Country

U. S.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ 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

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 Cary A. Hardee, Registered Agent

Jan 7, 1998

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 ☐ DELETE

NAME PD
STREET ADDRESS CAVE, MONTEEN M
CITY-ST-ZIP PO BOX 1027-NA
MADISON FL 32341

TITLE ☐ DELETE

NAME VD
STREET ADDRESS WILLIS, GEORGE M
CITY-ST-ZIP PO BOX 119-NA
MADISON FL 32341

TITLE ☐ DELETE

NAME SD
STREET ADDRESS RUFF, MARY B
CITY-ST-ZIP PO DRAWER 570-NA
MADISON FL 32341

TITLE ☐ DELETE

NAME TD
STREET ADDRESS SANDERS, TIM
CITY-ST-ZIP PO BOX 237-NA
MADISON FL 32341

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☒ Change ☐ Addition

Griffin, Ray

504 W. Base St.

Madison, FL 32340

D ☐ Change ☒ Addition

Edward Meggs

400 W. Base St.

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

Jan 7, 1998

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