2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N47150

Entity Name: MADISON COUNTY FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.

Current Principal Place of Business:

101 N. RANGE ST.
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 181
MADISON, FL 323411027

New Mailing Address:

FEI Number: 59-3112453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDEE, CARY A.
215 S.E. PINCKNEY ST.
MADISON, FL 323410450 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	CAVE, MONTEEN M	
Address:	1775 HW 90 WEST	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	WILLIS, GEORGE M	
Address:	PINE RIDGE RANCH, HWY 6	
City-St-Zip:	MADISON, FL 32340	
Title:	PD	( ) Delete
Name:	BROWNING, FAYE	
Address:	HWY 245 N	
City-St-Zip:	MADISON, FL 32340	
Title:	VD	( ) Delete
Name:	SANDERS, TIM	
Address:	300 S. MEETING ST.	
City-St-Zip:	MADISON, FL 32340	
Title:	SD	( ) Delete
Name:	DAY, EDITH H	
Address:	RT 5 BOX 170	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	MERCER, FRANCES	
Address:	3012 NE CR 255	
City-St-Zip:	LEE, FL 32059	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYE BROWNING PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date