

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47150

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

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC3110349607**

**Current Principal Place of Business:**

121 NE. RANGE AVE.  
MADISON, FL 32340

**Current Mailing Address:**

PO BOX 181  
MADISON, FL 32341-1027

**FEI Number: 59-3112453**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARDEE, CARY A.  
215 S.E. PINCKNEY ST.  
MADISON, FL 32340-0450 US

*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

**Officer/Director Detail :**

Title TD  
Name CAVE, MONTEEN M  
Address 1778 HW 90 WEST  
City-State-Zip: MADISON FL 32340

Title D  
Name WILLIS, GEORGE M  
Address PINE RIDGE RANCH, HWY 6  
City-State-Zip: MADISON FL 32340

Title DIRECTOR  
Name BROWNING, FAYE  
Address 3275 NE COLIN KELLY HIGHWAY  
City-State-Zip: MADISON FL 32340

Title PD  
Name SANDERS, TIM  
Address 230 SW MEETING AVE.  
City-State-Zip: MADISON FL 32340

*I hereby 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 all other like empowered.*

SIGNATURE: MONTEEN M. CAVE

TREASURER

01/10/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date