

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47150

Entity Name: MADISON COUNTY FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.**FILED**
Jan 25, 2016
Secretary of State
CC3102490737**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 32340Title D
Name WILLIS, GEORGE M
Address PINE RIDGE RANCH, HWY 6
City-State-Zip: MADISON FL 32340Title DIRECTOR
Name BROWNING, FAYE
Address 3275 NE COLIN KELLY HIGHWAY
City-State-Zip: MADISON FL 32340Title PD
Name SANDERS, TIM
Address 230 SW MEETING AVE.
City-State-Zip: MADISON FL 32340Title D
Name MERCER, FRANCES
Address 3012 NE CR 255
City-State-Zip: LEE FL 32059

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****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date