


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90079 031 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N47150 1. Entity 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3112453 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARDEE, CARY A. 215 S.E. PINCKNEY ST. MADISON FL 32341-0450 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CAVE, MONTEEN M | | NAME | | |
| STREET ADDRESS | 1775 HW 90 WEST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADISON FL 32340 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILLIS, GEORGE M | | NAME | | |
| STREET ADDRESS | PINE RIDGE RANCH, HWY 6 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADISON FL 32340 | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BROWNING, FAYE | | NAME | | |
| STREET ADDRESS | HWY 245 N | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADISON FL 32340 | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SANDERS, TIM | | NAME | | |
| STREET ADDRESS | 300 S. MEETING ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADISON FL 32340 | | CITY-ST-ZIP | | |
| TITLE | SD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAY, EDITH H | | NAME | | |
| STREET ADDRESS | RT 5 BOX 170 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADISON FL 32340 | | CITY-ST-ZIP | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MEGGS, EDWARD | | NAME | Frances Mercer | |
| STREET ADDRESS | 500 S. DUVAL STREET | | STREET ADDRESS | 3012 NE CR 255 | |
| CITY-ST-ZIP | MADISON FL 32340 | | CITY-ST-ZIP | Lee FL 32059 | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Faye Browning <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | February 10, 2005 (850) 973-2184 <small>Date Daytime Phone #</small> | | |



1st MOORE CR2E037 (10/04)