

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47150

FILED  
Apr 21, 2009  
Secretary of State

**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