# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 29, 2012**
**Secretary of State**

DOCUMENT# N47150

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

**Current Principal Place of Business:**

121 NE. RANGE AVE.
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 323400450 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
Name: CAVE, MONTEEN M
Address: 1775 HW 90 WEST
City-St-Zip: MADISON, FL 32340

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

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

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

Title: SD
Name: DAY, EDITH H
Address: 636 NE YELLOW PINE AVE.
City-St-Zip: MADISON, FL 32340

Title: D
Name: MERCER, FRANCES
Address: 3012 NE CR 255
City-St-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: FAYE BROWNING PRES 02/29/2012

Electronic Signature of Signing Officer or Director Date