


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90231 036 ****61.25

DOCUMENT # 714480
 1. Entity Name
MADISON COUNTY INDEPENDENT SCHOOLS, INC.



Principal Place of Business
**U. S. HIGHWAY 90 WEST
 BOX 690
 MADISON, FL 32340-0690**

Mailing Address
**U. S. HIGHWAY 90 WEST
 BOX 690
 MADISON, FL 32340-0690**



2. Principal Place of Business
2812 W US 90
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 690
 Suite, Apt. #, etc.

04122004 Chg-NP CR2E037 (10/03)

City & State
Madison, FL

City & State
Madison, FL

Zip Country
32340 Madison

Zip Country
32341 Madison

4. FEI Number
59-1218101

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LUCRETIA, PFEIL M
 US-HIGHWAY 90 WEST 2812 W U.S. 90
 MADISON, FL 32340**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, TOM RT 3 BOX 24-1 GREENVILLE, FL 32331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D ASHLEY, DON 408 NE HANCOCK ST. MADISON, FL 32340	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONEY, TRACI 5056 NE SR 6 LEE, FL 32059	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALEIGH, JAY PO BOX 262 MADISON, FL 32341	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D SOWELL, ANNETTE 201 S RANGE STREET MADISON, FL 32340	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> P GROSSROPF, JOHN 276 FOREST DR. MONTICELLO, FL 32344	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, Tonja Rt 4 Box 2048 Madison, FL 32340	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Todd Gordon 680 NE Caraway Loop Madison, FL 32340	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Odiorne, Steve P.O. Box 209 Madison, FL 32340	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Strickland, Glenn 1214 NE Dill St. Madison, FL 32340	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lewis, Mary Alice P.O. Box 478 Madison, FL 32341	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: *Mary Lucretia Pfeil* Date: *April 21, 2004* Daytime Phone #: *850 973 2529*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Grosskopf
 John Grosskopf

April 21, 2004

850 997 9627