


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90025 020 ****61.25

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



Principal Place of Business
 2812 W US 90
 MADISON, FL 32340

Mailing Address
 PO BOX 690
 MADISON, FL 32341

40051486



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02272007 Chg-NP CR2E037 (12/06)

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
BRANHAM, WILLA
 2812 W US 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 Willa G Branham DATE 3/5/07
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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P DAVIS, TONJA STREET ADDRESS 590 SW ARCHERWAY CITY-ST-ZIP MADISON, FL 32340	<input checked="" type="checkbox"/> Delete	TITLE NAME Waring, Lucas STREET ADDRESS 2820 NE Colin Kelley CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S SMITH, MELINDA STREET ADDRESS 1855 NE ROCKY FORD RD CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Delete	TITLE NAME S Plain, Gena STREET ADDRESS 2577 NE Hwy 6 CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D STEVENS, JOHNNY STREET ADDRESS 4944 W. US 90 CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Delete	TITLE NAME VP Blanton, Joe STREET ADDRESS 339 NW Catfish Way CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D FLOURNOY, JIM STREET ADDRESS P.O. BOX 43 CITY-ST-ZIP MADISON, FL 32341	<input type="checkbox"/> Delete	TITLE NAME P Johnson, Annette STREET ADDRESS 1778 NE Colin Kelly Hwy CITY-ST-ZIP MADISON, FL 32340	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME V JOHNSON, ANNETTE STREET ADDRESS 1778 NE COLIN KELLY HWY CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Delete	TITLE NAME D McComman, Randy STREET ADDRESS 1464 SW Dupont St CITY-ST-ZIP Greenville, FL 32081	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME T STRICKLAND, GLENN STREET ADDRESS 1214 NE DILL ST CITY-ST-ZIP MADISON, FL 32340	<input checked="" type="checkbox"/> Delete	TITLE NAME D Peterson, Connie STREET ADDRESS 407 SW Old US90 CITY-ST-ZIP MADISON FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Annette Johnson DATE 3/6/07 DAYTIME PHONE # (850) 973-7172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR