

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714480

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** MADISON COUNTY INDEPENDENT SCHOOLS, INC.

**Current Principal Place of Business:**

2812 W US 90  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 690  
MADISON, FL 32341

**New Mailing Address:**

FEI Number: 59-1218101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRS, JANNA  
2812 W US 90  
MADISON, FL 32340 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: P  
Name: DAVIS, JUSTIN  
Address: 2993 NE HWY 6  
City-St-Zip: MADISON, FL 32340

Title: TREA  
Name: RUTHERFORD, GINA  
Address: 277 SW ATWATER WAY  
City-St-Zip: MADISON, FL 32340

Title: D  
Name: FRITH, GLENN  
Address: 1176 SE KAYAK ST  
City-St-Zip: LEE, FL 32059

Title: VP  
Name: BROWNING, MARK  
Address: P. O. BOX 688  
City-St-Zip: MADISON, FL 32341

Title: D  
Name: VASQUEZ, CARMEN  
Address: 4750 E HWY 90  
City-St-Zip: MADISON, FL 32340

Title: S  
Name: SHAW, RODERICK  
Address: 2678 NW JERSEY RD  
City-St-Zip: GREENVILLE, FL 32331

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: GINA RUTHERFORD

TRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date