

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714480 (1)
1. Corporation Name
MADISON COUNTY INDEPENDENT SCHOOLS, INC.



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

3. Date Incorporated or Qualified **04/22/1968** 3a. Date of Last Report **02/22/1995**
4. FEI Number **59-1218101** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**ROWE, CAROLYN M.
US HIGHWAY 90 WEST
MADISON FL 32340**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1 1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, LEE	1 2 NAME	SCHNITKER, CLAY
STREET ADDRESS	P O BOX 509 N/A	1 3 STREET ADDRESS	ROUTE 2, BOX 1319
CITY-ST-ZIP	MADISON FL	1 4 CITY-ST-ZIP	MADISON, FL 32340
TITLE	VD <input checked="" type="checkbox"/> DELETE	2 1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNITKER, CLAY	2 2 NAME	FLETCHER, SHARON
STREET ADDRESS	RT 2 BOX 1319 N/A	2 3 STREET ADDRESS	ROUTE 5, BOX 6650
CITY-ST-ZIP	MADISON FL	2 4 CITY-ST-ZIP	MADISON, FL 32340
TITLE	SD <input checked="" type="checkbox"/> DELETE	3 1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUTNAL, KEL	3 2 NAME	JAMES, EDWIN
STREET ADDRESS	RT 1 BOX 845 N/A	3 3 STREET ADDRESS	512 NORTH RANGE STREET
CITY-ST-ZIP	LEE FL	3 4 CITY-ST-ZIP	MADISON, FL 32341
TITLE	TD <input checked="" type="checkbox"/> DELETE	4 1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBLIN, JAN	4 2 NAME	WHEELER, MARY ANNE
STREET ADDRESS	RT 2 BOX 348 N/A	4 3 STREET ADDRESS	221 NORTHWEST FRALEIGH ST
CITY-ST-ZIP	MADISON FL	4 4 CITY-ST-ZIP	MADISON, FL 32341
TITLE	D <input checked="" type="checkbox"/> DELETE	5 1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MIKE	5 2 NAME	ADLEBURG, FRANCES
STREET ADDRESS	RT. 1, BOX 1880 N/A	5 3 STREET ADDRESS	203 SOUTHEAST MACON ST
CITY-ST-ZIP	MADISON FL	5 4 CITY-ST-ZIP	MADISON, FL 32341
TITLE	D <input checked="" type="checkbox"/> DELETE	6 1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBLIN, JAN	6 2 NAME	GIBSON, DALE
STREET ADDRESS	RT 2 BOX 348N/A	6 3 STREET ADDRESS	ROUTE 2, BOX 15
CITY-ST-ZIP	MADISON FL 32340	6 4 CITY-ST-ZIP	MADISON, FL 32340

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and has 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clay A. Schnitker* **CLAY A. SCHNITKER** 2/19/96 904/973-2529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)