


FILE NOW: FILING FEE IS \$61.25

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**Jan 31 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714480 (1)
 1. Corporation 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 32341-0690
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3. Date incorporated or Qualified 04/22/1968	3a. Date of Last Report 02/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-1218101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNITKER, CLAY	
STREET ADDRESS	ROUTE 2 BOX 1319	
CITY-ST-ZIP	MADISON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, SHARON	
STREET ADDRESS	ROUTE 5 BOX 6650	
CITY-ST-ZIP	MADISON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAMES, EDWIN	
STREET ADDRESS	512 NORTH RANGE STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHELLER, MARY ANNE	
STREET ADDRESS	221 NORTHWEST FRALEIGH STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADLEBURG, FRANCES	
STREET ADDRESS	203 SOUTHEAST MACON STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBSON, DALE	
STREET ADDRESS	ROUTE 2 BOX 15	
CITY-ST-ZIP	MADISON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Adleburg, Frances	
1.3 STREET ADDRESS	203 Southeast Macon Street	
1.4 CITY-ST-ZIP	Madison, FL. 32341	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Iott, Richard	
2.3 STREET ADDRESS	Route 1, Box 450	
2.4 CITY-ST-ZIP	Madison, FL 32340	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rykard, Terri	
3.3 STREET ADDRESS	201 Livingston Street	
3.4 CITY-ST-ZIP	Madison, FL 32341	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Searcy, Jim	
4.3 STREET ADDRESS	Route 1, Box 850	
4.4 CITY-ST-ZIP	Lee, FL 32059	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Waddail, Tom	
5.3 STREET ADDRESS	Route 5, Box 6627	
5.4 CITY-ST-ZIP	Madison, FL 32340	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Woods, Mike	
6.3 STREET ADDRESS	Route 2, Box 1348	
6.4 CITY-ST-ZIP	Madison, FL 32340	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances D. Adleburg* **FRANCES D. ADLEBURG** 1-24-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CFR2E037 (9/96)