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**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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 32340-0690**

3. Date Incorporated or Qualified: **04/22/1968**
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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-29) details including Suite, Apt. #, etc., City & State, Zip, and 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: **Pfeil, Mary Lucretia**
82 Street Address (P.O. Box Number is Not Acceptable): **US Highway 90 West**
83
84 City: **Madison** FL 85 Zip Code: **32340**

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: **Mary Lucretia Pfeil** (NOTE: Registered Agent signature required when reinstating) **Head of School** DATE: **2-13-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADLEBURG, FRANCES	
STREET ADDRESS	203 SOUTHEAST MACON STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IOTT, RICHARD	
STREET ADDRESS	ROUTE 1, BOX 450	
CITY-ST-ZIP	MADISON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, EDWIN	
STREET ADDRESS	512 NORTH RANGE STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	TD	<input checked="" 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	WADDAIL, TOM	
STREET ADDRESS	ROUTE 5, BOX 6627	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Rykard, Terri
3.3 STREET ADDRESS	210 Livingston St.
3.4 CITY-ST-ZIP	Madison, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Barfield, Leigh
4.3 STREET ADDRESS	1107 Park Circle
4.4 CITY-ST-ZIP	Madison, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Hendry, Troy
5.3 STREET ADDRESS	Route 3, Box 150
5.4 CITY-ST-ZIP	Madison, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Searcy, Jin
6.3 STREET ADDRESS	Route 1, Box 850
6.4 CITY-ST-ZIP	Madison, FL

14. 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 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 A. Adleburg** 1/19/98 850-973-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000011

CR2E037 (10/97)