

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90068 012 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714480

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



1 55025 5 90068 12 5

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

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

9. Name and Address of Current Registered Agent

LUCRETIA, PFEIL 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 Mary Lucretia Pfeil Mary Lucretia Pfeil 01-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ADLEBURG, FRANCES	
STREET ADDRESS	203 SOUTHEAST MACON STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	IOTT, RICHARD	
STREET ADDRESS	ROUTE 1, BOX 450	
CITY-ST-ZIP	MADISON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RYKARD, TERRI	
STREET ADDRESS	210 LIVINGSTON ST	
CITY-ST-ZIP	MADISON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARFIELD LEIGH	
STREET ADDRESS	1107 PARK CIR	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDRY, TROY	
STREET ADDRESS	RT 3, BOX 150	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEARCY, JIM	
STREET ADDRESS	RT 1, BOX 850	
CITY-ST-ZIP	MADISON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BROWN, DOUGLAS	
1.3 STREET ADDRESS	500 SOUTHWEST HORRY ST.	
1.4 CITY-ST-ZIP	MADISON, FL 32341	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENDRY, TROY	
2.3 STREET ADDRESS	ROCKY FORD ROAD; RT. 3, BOX 179	
2.4 CITY-ST-ZIP	MADISON, FL 32340	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PROCTOR, JACK	
3.3 STREET ADDRESS	HWY 360-A; Rt. 1, BOX 325	
3.4 CITY-ST-ZIP	MADISON, FL 32340	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: K. DOUGLAS BROWN 1-25-99 (850) 913-8238
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)