

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90044 046 ****61.25

DOCUMENT # 714480

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1218101**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCRETIA, PFEIL M
US HIGHWAY 90 WEST
MADISON FL 32340**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary Lucretia Pfeil* *Mary Lucretia Pfeil* *Head* *Feb. 19, 2003*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLOYD, RANDY	
STREET ADDRESS	RT 3, BOX 11-B	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ASHLEY, DON	
STREET ADDRESS	408 NE HANCOCK ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONEY, TRACI	
STREET ADDRESS	RT 2 BOX 1250	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, DEBRA	
STREET ADDRESS	PO BOX 1036 HWY 6	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOWELL, ANNETTE	
STREET ADDRESS	201 S RANGE STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, MARY ALICE	
STREET ADDRESS	P O BOX 478-404 N RANGE ST	
CITY-ST-ZIP	MADISON FL 32341	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Copeland, Tom	
STREET ADDRESS	Rt 3 Box 24-1	
CITY-ST-ZIP	Greenville, FL 32331	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashley, Don	
STREET ADDRESS	408 NE Hancock St	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Money, Traci	
STREET ADDRESS	5056 NE SR6	
CITY-ST-ZIP	Lee, FL 32059	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fraleigh, JAY	
STREET ADDRESS	P.O. Box 262	
CITY-ST-ZIP	MADISON, FL 32341	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sowell, Annette	
STREET ADDRESS	201 S Range St.	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grosskopf, John	
STREET ADDRESS	276 Forest Dr.	
CITY-ST-ZIP	Monticello, FL 32344	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **02/24/03 850-973-6223**

CR2E037 (10/02)