

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714480

Entity Name: MADISON ACADEMY, INC.

Current Principal Place of Business:

2812 W US 90
MADISON, FL 32340

Current Mailing Address:

PO BOX 690
MADISON, FL 32341

FEI Number: 59-1218101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRS, JANNA
2812 W US 90
MADISON, FL 32340 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title D
Name SMITH, GARETH
Address 324 NE CAMELIA WAY
City-State-Zip: MADISON FL 32340

Title D
Name WILLIAMS, CINDY
Address 454 NE WHISPERING PINES LOOP
City-State-Zip: MADISON FL 32340

Title V
Name JONES, TIM
Address P.O. BOX 9323
City-State-Zip: LEE FL 32059

Title P
Name TOWNSEND, BRIAN
Address 4961 NW CR 252
City-State-Zip: GREENVILLE FL 32331

Title TREASURER
Name BUNCH, MARGARET ANN
Address P.O. BOX 612
City-State-Zip: MADISON FL 32341

Title SECRETARY
Name KRELL, ANDREA
Address 133 SE MACON ST
City-State-Zip: MADISON FL 32340

Title DEPUTY TREASURER
Name LAWSON, LINDSEY
Address 1053 NE DUVAL POND RD
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name VULLO, MIKE
Address 304 SW GEORGIANA TRL
City-State-Zip: MADISON FL 32340

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN TOWNSEND

PRESIDENT

02/18/2016

Electronic Signature of Signing Officer/Director Detail

Date