

**2018 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:**

TOWNSEND, BRIAN  
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:** BRIAN TOWNSEND

04/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title CORRESPONDING SECRETARY  
Name BLAIR, MARILYN  
Address 150 NE CHEROKEE ROSE WAY  
City-State-Zip: MADISON FL 32340

Title DIRECTOR  
Name BRANHAM, WILLA  
Address P.O. BOX 526  
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

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date