

**2023 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 US

**FEI Number:** 59-1218101

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, TIMOTHY J.  
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:** TIMOTHY J. JONES

01/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JONES, TIMOTHY J.  
Address        PO BOX 9323  
City-State-Zip: LEE FL 32059

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

Title            DIRECTOR  
Name            BRANDIES, KIMBERLY  
Address        3316 NE ROCKY FORD RD.  
City-State-Zip: MADISON FL 32340

Title            DIRECTOR  
Name            ARNOLD, CHAD  
Address        307 SW MACON STREET  
City-State-Zip: MADISON FL 32340

Title            DIRECTOR  
Name            WEBB, DARREN G  
Address        1036 NW ROLLING HILLS DRIVE  
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:** MARGARET ANN SMITH

**TREASURER**

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date