Name and	d Address of Current Registered A	gent:		
JONES, TIM 2812 W US MADISON, F				
The above na	med entity submits this statement for the purpose of	changing its registered office or re	gistered agent, or both, in the State	
SIGNATURE: TIMOTHY J. JONES				
	Electronic Signature of Registered Age	nt		
Officer/Di	irector Detail :			
Title	PRESIDENT	Title	TREASURER	
Name	JONES, TIMOTHY J.	Name	SMITH, MARGARET ANN	
Address	PO BOX 9323	Address	P.O. BOX 612	

Current Principal Place of Business: 2812 W US 90 MADISON, FL 32340

DOCUMENT# 714480

Current Mailing Address:

PO BOX 690 MADISON, FL 32341 US

FEI Number: 59-1218101

Na

Entity Name: MADISON ACADEMY, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

The te of Florida.

	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	PRESIDENT	Title	TREASURER		
Name	JONES, TIMOTHY J.	Name	SMITH, MARGARET ANN		
Address	PO BOX 9323	Address	P.O. BOX 612		
City-State-Zip:	LEE FL 32059	City-State-Zip:	MADISON FL 32341		
Title	DIRECTOR	Title	DIRECTOR		
Tille	DIRECTOR				
Name	BRANDIES, KIMBERLY	Name	ARNOLD, CHAD		
Address	3316 NE ROCKY FORD RD.	Address	307 SW MACON STREET		
City-State-Zip:	MADISON FL 32340	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

03/06/2024

Electronic Signature of Signing Officer/Director Detail

FILED Mar 06, 2024 **Secretary of State** 3206989251CC

> 03/06/2024 Date

Certificate of Status Desired: No

Date