

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007942

Entity Name: THE ACADEMIA SOCIETY, INC.**Current Principal Place of Business:**2305 KILLERAN CENTER BLVD
C58
TALLAHASSEE, FL 32309**Current Mailing Address:**P.O. BOX 10721
TALLAHASSEE, FL 32302 US**FEI Number:** 20-5280718**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WARD, LUCIAN
2305 KILLEARN CENTER BLVD
C53
TALLAHASSEE, FL 32309 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:** LUCIAN WARD

04/01/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title NP
Name WARD, LUCIAN
Address P.O. BOX 10721
City-State-Zip: TALLAHASSEE FL 32302

Title NFVP
Name LEVI, WENDELL
Address P.O. BOX 10721
City-State-Zip: TALLAHASSEE FL 32302

Title NSVP
Name HOUSTON, JARED
Address P.O. BOX 10721
City-State-Zip: TALLAHASSEE FL 32302

Title NT
Name MCINNIS, JASMINE
Address PO BOX 10721
City-State-Zip: TALLAHASSEE FL 32302

Title NS
Name GILMORE, JONAH
Address P.O. BOX 10721
City-State-Zip: TALLAHASSEE FL 32302

Title FNP
Name POSTELL, BERNARD F
Address P.O. BOX 10721
City-State-Zip: TALLAHASSEE FL 32302

Title ED
Name TYSON, JUSTIN
Address P.O. BOX 10721
City-State-Zip: TALLAHASSEE FL 32302

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: JUSTIN TYSON**EXECUTIVE DIRECTOR**

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date