

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N06000007942

**Entity Name:** THE ACADEMIA SOCIETY, INC.

**Current Principal Place of Business:**

1447 STONE ROAD  
APT H62  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O. BOX 1062  
TALLAHASSEE, FL 32302 US

**FEI Number:** 20-5280718

**Certificate of Status Desired:** No

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

BOYD, LOUIS LAMONT  
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:** LOUIS LAMONT BOYD

11/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOYD, LOUIS  
Address        P.O. BOX 260095  
City-State-Zip: PEMBROKE PINES FL 33026

Title            1ST VP  
Name            HAMILTON, CALVIN  
Address        P.O. BOX 260095  
City-State-Zip: PEMBROKE PINES FL 33026

Title            TREASURER  
Name            SMITH, JONATHAN  
Address        P.O. BOX 260095  
City-State-Zip: PEMBROKE PINES FL 33026

Title            SECRETARY  
Name            WRIGHT, KEVIN  
Address        P.O. BOX 260095  
City-State-Zip: PEMBROKE PINES FL 33026

Title            3RD VP  
Name            CURRY, CORTLIN JR.  
Address        P.O. BOX 260095  
City-State-Zip: PEMBROKE PINES FL 33026

Title            PARLIAMENTARIAN  
Name            LEWIS, CLEOPHUS  
Address        P.O. BOX 260095  
City-State-Zip: PEMBROKE PINES FL 33026

Title            SW, RD  
Name            POWELL, WILLIE  
Address        P.O. BOX 260095  
City-State-Zip: PEMBROKE PINES FL 33026

Title            ME, RD  
Name            GREGGS, CHRIS  
Address        P.O. BOX 260095  
City-State-Zip: PEMBROKE PINES FL 33026

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*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:** JONATHAN SMITH

**TREASURER**

11/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	S, RD
Name	COOPER, THOMAS
Address	P.O. BOX 260095
City-State-Zip:	PEMBROKE PINES FL 33026