

**2019 FLORIDA NOT FOR PROFIT CORPORATION 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:**BECKETT, ANTHONY A.  
1447 STONE ROAD  
APT H62  
TALLAHASSEE, FL 32303 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:** ANTHONY A. BECKETT**05/07/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            1ST VP  
Name            LEWIS, CLEOPHUS M.  
Address        P.O. BOX 1062  
City-State-Zip: TALLAHASSEE FL 32302

Title            TREASURER  
Name            BARNES, JOHN  
Address        P.O. BOX 1062  
City-State-Zip: TALLAHASSEE FL 32302

Title            SECRETARY  
Name            COOPER, THOMAS  
Address        P.O. BOX 1062  
City-State-Zip: TALLAHASSEE FL 32302

Title            PARLIAMENTARIAN  
Name            WILLIAMS, P. DONOVAN  
Address        P.O. BOX 1062  
City-State-Zip: TALLAHASSEE FL 32302

Title            SW, RD  
Name            POWELL, WILLYE  
Address        P.O. BOX 1062  
City-State-Zip: TALLAHASSEE FL 32302

Title            ME, RD  
Name            SMITH, JONATHAN  
Address        P.O. BOX 1062  
City-State-Zip: TALLAHASSEE FL 32302

Title            S, RD  
Name            SPARKS, JARVIUS  
Address        P.O. BOX 1062  
City-State-Zip: TALLAHASSEE FL 32302

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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:** ANTHONY BECKETT**EXECUTIVE DIRECTOR****05/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	EXECUTIVE DIRECTOR
Name	BECKETT, ANTHONY
Address	P.O. BOX 38612
City-State-Zip:	CHARLOTTE NC 28278