

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007942

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE ACADEMIA SOCIETY, INC.

Current Principal Place of Business:

700 TRANSMITTER ROAD
LOT 90
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10721
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 20-5280718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDIE, LAMICHEAL
700 TRANSMITTER ROAD
LOT 90
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: NP () Delete
Name: EDDIE, LAMICHEAL
Address: P.O. BOX 10721
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: NVP () Delete
Name: BOYD, LAMONT
Address: PO BOX 10721
City-St-Zip: TALLAHASSEE, FL 32302

Title: NS () Delete
Name: MCCURDY, JIVORSKY
Address: PO BOX 10721
City-St-Zip: TALLAHASSEE, FL 32302

Title: NT () Delete
Name: LEE, RAYFORD
Address: PO BOX 10721
City-St-Zip: TALLAHASSEE, FL 32302

Title: ED () Delete
Name: MCEWEN, LECEDRIC
Address: PO BOX 10721
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: NS (X) Change () Addition
Name: CAPEHART, DEMARCUS
Address: PO BOX 10721
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: SIMS, PETER
Address: PO BOX 10721
City-St-Zip: TALLAHASSEE, FL 32302

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYFORD E. LEE

NT

03/10/2009

Electronic Signature of Signing Officer or Director

Date