

2017 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 260095
PEMBROKE PINES, FL 33026 US**FEI Number:** 20-5280718**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WRIGHT, DENNIS
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:** DENNIS WRIGHT

05/24/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title 1ST VP
Name EDDIE, LAMICHAEL
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 WILLIAMS, ANTORRIS
Address P.O. BOX 260095
City-State-Zip: PEMBROKE PINES FL 33026

Title 2ND VP
Name MELTON, QUENTIN
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 NIX, IAN
Address P.O. BOX 260095
City-State-Zip: PEMBROKE PINES FL 33026

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

Continues on page 2

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

05/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title C, RD
Name JONES, DEMARCUS
Address P.O. BOX 260095
City-State-Zip: PEMBROKE PINES FL 33026

Title S, RD
Name COOPER, THOMAS
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