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.

PRESIDENT

#### SIGNATURE: KIMBERLY SOLETTI

I

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N1100002652

### Entity Name: MADISON ASSOCIATION OF STEM ADVOCATES, INC.

## **Current Principal Place of Business:**

4444 W BAY VISTA AVE TAMPA, FL 33611

# **Current Mailing Address:**

4444 W BAY VISTA AVE **TAMPA FL 33611** 

# FEI Number: 27-5411302

## Name and Address of Current Registered Agent:

DAVISSON, KRISTI N **ANTHONY & PARTNERS** 201 N. FRANKLIN ST., SUITE 2800 TAMPA, FL 33602 US

FILED Apr 11, 2016 Secretary of State CC8570752448

Date

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	PRESIDENT	Title	TREASURER	
Name	SOLETTI, KIMBERLY J	Name	DUNN, ELIZABETH	
Address	4444 W BAY VISTA AVE	Address	4444 W BAY VISTA AVE	
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33611	
Title	VP	Title	S	
Title Name	VP MAXIE, KATHERINE	Title Name	S PERDIGON, JEANETTE	
			-	
Name	MAXIE, KATHERINE	Name	PERDIGON, JEANETTE	

Date

04/11/2016