

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012118

**FILED**  
**Mar 27, 2018**  
**Secretary of State**  
**CC7933930923**

**Entity Name:** GREENVILLE MADISON LEARNING CENTER INC.

**Current Principal Place of Business:**

1376 SW GRAND ST.  
GREENVILLE, FL 32331

**Current Mailing Address:**

971 STEEN ROAD  
MONTICELLO, FL 32344 US

**FEI Number: 90-0447847**

**Certificate of Status Desired: No**

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

NORTON, OTIS  
971 STEEN RD  
MONTICELLO, FL 32344 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            EXD  
Name            NORTON, ESSIE  
Address        971 STEEN RD  
City-State-Zip: MONTICELLO FL 32344

Title            BM  
Name            KNIGHT, LUCHANDRIA C  
Address        800 BILL MCGILL RD.  
City-State-Zip: HAVANA FL 32333

Title            BM  
Name            GRIFFIN, DOROTHY  
Address        286 SW SUMMERSET WAY  
City-State-Zip: MADISON FL 32340

Title            BM  
Name            CROSS WILKINS, DANIELLA F  
Address        272 BRILEY CT.  
City-State-Zip: TALLAHASSEE FL 32305

*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: ESSIE NORTON**

**MANAGER**

**03/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date