

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702834

**Entity Name:** AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**2634113273CC**

**Current Principal Place of Business:**

CAIP  
7922 NW 71ST STREET  
GAINESVILLE, FL 32653

**Current Mailing Address:**

100 WINTERBERRY LN  
HOLLY SPIRNGS, NC 27540 US

**FEI Number: 59-1856303**

**Certificate of Status Desired: No**

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

NAWROCKI, JUSTIN J PHD  
CAIP  
7922 NW 71ST STREET  
GAINESVILLE, FL 32653 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: JUSTIN NAWROCKI**

**01/12/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           NAWROCKI, JUSTIN J PHD  
Address        100 WINTERBERRY LN  
City-State-Zip: HOLLY SPRINGS NC 27540

Title           SECRETARY  
Name           GIANNOTTI, AMY L  
Address        1572 LAWDALE CIRCLE  
City-State-Zip: WINTER PARK FL 32792

Title           PRESIDENT  
Name           WERSEL, RYAN PHD  
Address        MINNESOTA STATE UNIVERSITY,  
                  MANKATO DEPARTMENT OF  
                  BIOLOGICAL SCIENCES  
                  415 MALIN ST.  
City-State-Zip: MANKATO MN 56001

*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: JUSTIN NAWROCKI**

**TREASURER**

**01/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date