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: SHERRY G. WHITAKER

I

Electronic Signature of Signing Officer/Director Detail

**Current Principal Place of Business:** 3909 HALLS FERRY RD CEERD-EE-A

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED

# **Current Mailing Address:**

**DOCUMENT# 702834** 

VICKSBURG, MS 39180

PO BOX 821265 VICKSBURG, MS 39182-1265 US

### FEI Number: 59-1856303

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

DOGGETT, DONALD W 13060 IDYLWILD RD. FT. MYERS, FL 33905 US

### Secretary of State CC0774852781

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	TD	Title	SD	
Name	WHITAKER, SHERRY G	Name	SCHARDT, JEFF	
Address	3909 HALLS FERRY RD	Address	3900 COMMONWEALTH BOULVARD MS705	
City-State-Zip:	VICKSBURG MS 39180	City-State-Zip:	TALLAHASSEE FL 32399-3000	
Title	Ρ			
Name	NETHERLAND, MICHAEL			
Address	CENTER FOR AQUATIC AND INVASIVE SPECIES 7922 NW 71ST STREET			
City-State-Zip:	GAINESVILLE FL 32653-3071			

TREASURER

Date

01/07/2014

Date