

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007594

**FILED**  
**Jan 22, 2020**  
**Secretary of State**  
**2591215185CC**

**Entity Name:** THE ALUMNI ASSOCIATION OF THE WEDGWORTH LEADERSHIP INSTITUTE FOR AGRICULTURE AND NATURAL RESOURCES, INC.

**Current Principal Place of Business:**

UNIVERSITY OF FLORIDA  
P.O. BOX 112060 126A BRYANT HALL  
GAINESVILLE, FL 32611-2060

**Current Mailing Address:**

UNIVERSITY OF FLORIDA  
P.O. BOX 112060 126A BRYANT HALL  
GAINESVILLE, FL 32611-2060 US

**FEI Number: 47-1663286**

**Certificate of Status Desired: No**

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

TAYLOR, AMANDA E  
146 SECOND STREET NORTH  
SUITE 101  
ST PETERSBURG, FL 33701 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:** AMANDA E TAYLOR

01/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ROYCE, RAY  
Address PO BOX 2920  
City-State-Zip: LAKE PLACID FL 33862

Title D  
Name BASORE, TOBY  
Address 10333 TRIANON PL.  
City-State-Zip: WELLINGTON FL 33449

Title TREASURER  
Name WEBB, MATT  
Address P.O. BOX 540  
City-State-Zip: MADISON FL 32341

Title PRESIDENT  
Name TAYLOR, AMANDA E  
Address 146 SECOND STREET NORTH  
SUITE 101  
City-State-Zip: ST. PETERSBURG FL 33701

Title SECRETARY  
Name BISHOP, SUSANNA  
Address 128 MINI RANCH RD  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name LOPEZ, TONY  
Address 301 SOUTH COLLINS STREET  
SUITE 102  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name CONRAD, BOB  
Address 1923 INDIAN CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33917

Title DIRECTOR  
Name SCHWABB, RICHARD  
Address 2365 N US 19  
City-State-Zip: PERRY FL 32347

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*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:** MATTHEW G WEBB

TREASURER

01/22/2020

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DOWNING, MARCIE  
Address 710 CHARTER WOOD PLACE  
City-State-Zip: VALRICO FL 33594

Title DIRECTOR  
Name ROSS, JAMIE  
Address 2701 FOREST CIRCLE  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR  
Name PARRISH, JENNIFER  
Address 1330 BRANDY LAKE VIEW CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name TAYLOR, ALICIA  
Address 1395 PANTHER LANE  
SUITE 300  
City-State-Zip: NAPLES FL 34109

Title DIRECTOR  
Name BASORE, MICHAEL  
Address 2305 CYPRESS LANE  
City-State-Zip: BELLE GLADE FL 33430

Title DIRECTOR  
Name HICKS, REBA  
Address 12300 NW US HIGHWAY 441  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name MCDONALD, DAVID  
Address 57 EAST THIRD STREET  
City-State-Zip: APOPKA FL 32703