

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732983

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** THE SOIL AND CROP SCIENCE SOCIETY OF FLORIDA, INC.

**Current Principal Place of Business:**

UNIV OF FLORIDA  
2169 MCCARTY HALL  
GAINESVILLE, FL 326110290 US

**New Principal Place of Business:**

**Current Mailing Address:**

UNIV OF FLORIDA  
PO BOX 110290  
GAINESVILLE, FL 326110290 US

**New Mailing Address:**

**FEI Number:** 23-7415036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OBREZA, THOMAS  
UNIV OF FLORIDA  
2169 MCCARTY HALL  
GAINESVILLE, FL 32611 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCGOVERN, ROBERT  
Address: 1453 FIFIELD HALL  
City-St-Zip: GAINESVILLE, FL 32611

Title: ST ( ) Delete  
Name: OBREZA, THOMAS  
Address: 2169 MCCARTY HALL  
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete  
Name: CROW, BILLY  
Address: BLDG 970 NATURAL AREA DRIVE  
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete  
Name: MYLAVARAPU, RAO  
Address: 2169 MCCARTY HALL  
City-St-Zip: GAINESVILLE, FL 32611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BREMEN, JACQUE  
Address: 25 NE 1ST STREET  
City-St-Zip: LAKE BUTLER, FL 32054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS OBREZA

ST

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date