

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90052 046 ****61.25

DOCUMENT # 737376

1. Entity Name

FLORIDA AQUATIC PLANT MANAGEMENT SOCIETY,
INCORPORATED



Principal Place of Business

2002 E MICHIGAN ST
ORLANDO FL 32806
US

Mailing Address

801 SOUTH ST
NEW SMYRNA BEACH FL 32168
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2108135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARR, DAVID
801 SOUTH ST
NEW SMYRNA BEACH FL 32168

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P MYERS, PJ	☒ Delete
STREET ADDRESS	PO BOX 1469	
CITY-ST-ZIP	EAGLE LAKE FL 33839-1469	
TITLE NAME	S HUEBNER, ANGIE	☐ Delete
STREET ADDRESS	525 RIDGELAWN RD	
CITY-ST-ZIP	CLEWISTON FL 33440-5599	
TITLE NAME	T FARR, DAVID	☐ Delete
STREET ADDRESS	801 SOUTH ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE NAME	D JOHNSON, CATHERINE	☒ Delete
STREET ADDRESS	5882 S. SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE NAME	D BAKER, MIKE	☒ Delete
STREET ADDRESS	13081 MILITARY TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE NAME	D MOORE, BILL	☒ Delete
STREET ADDRESS	11512 LAKE KATHERINE CIR	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Steve Weinsier	☒ Change ☐ Addition
STREET ADDRESS	2041 SW 70th Ave., Bldg. D-11	
CITY-ST-ZIP	Davie, FL 33317	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Vicki Pontius	☒ Change ☐ Addition
STREET ADDRESS	4344 George Blvd	
CITY-ST-ZIP	Sebring, FL 33875-6899	
TITLE NAME	D Jim Cuda	☒ Change ☐ Addition
STREET ADDRESS	P.O. Box 110620	
CITY-ST-ZIP	Gainesville, FL 32611-0620	
TITLE NAME	D Steve Smith	☒ Change ☐ Addition
STREET ADDRESS	23500 SW Kanner Hwy	
CITY-ST-ZIP	Canal Point, FL 33438	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-04

386-424-2920