2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State 03-09-2006 90157 008 ****70.00

DOCUMENT	# N9400000581
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1. Entity Name FLORIDA WEED SCIENCE SOCIETY, INC.



						- COO W								
Principal Place of Business 3200 E PALM BEACH RD BELLE GLADE, FL 33430			3200	Mailing Address 3200 E PALM BEACH RD BELLE GLADE, FL 33430				40027319						
Principal Place of Business 3. Mailing Address														
Suite, Apt. #, etc. Suite, Apt. #, e			ite, Apt. #, etc.	#, etc.			02062006 _C	hg-NP	CR2E037	' (11/05)				
City & State			Cit	City & State				4. FEI Number						
Zip	Country Zip Cou					untry		5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registere	d Agent				7. Name and Add	ress of New R	egistered Ag	zent .			
RAINBOLT, CURTIS R					Name									
3200 E PALM BEACH RD BELLE GLADE, FL 33430						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													
Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign F Trust Fund Contributi							\$5.00 May Be Added to Fees		ake check ida Departr					
10.		OFFICERS AND DIE	BECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	DE AND DID	CTODS IN	10		
	р	· OFFICERS AND DIE	iLC I ONS		_		<u>'' a</u>	ADDITIONS/CHANG	ES TO OFFICE					
TITLE	1 -	IACOM		Delete	IIIL			at Time			Change	🔀 Addition		
NAME	FERRELL				NAM		Kake	sh Jain						
STREET ADDRESS						EET ADDRESS	1.1000							
CITY-ST-ZIP	GAINESVI	LLE. FL 32611			CITY	'-ST-ZIP	Vero	Booch, FLD	277					
TITLE	ST			Delete	TITL	E					☐ Change	Addition		
NAME	RAINBOL ²	Γ, CURTIS R			NAM	1E								
STREET ADDRESS	3200 E PA	LM BEACH RD			STRE	EET AODRESS						İ		
CITY-ST-ZIP	BELLE GL	ADE, FL 33430			CITY	-ST-ZIP						•		
TITLE	D			☐ Defete	TITL	E	20	- 0			Change	Addition		
NAME	BUKER, R	ICHARD S		<u></u>	NAM		Di k	S. Kickertes	<i>></i>	· ·	onongo	C Addition		
STREET ADDRESS	PO BOX 1	11563, 700 EXPERIM	ENT ST	ATION RD	STRE	EET ADDRESS								
CITY-ST-ZIP		RED, FL 338502299			CITY	-ST-ZIP								
TITLE	Р			☐ Delete	TUTL	F		-			☐ Change	☐ Addition		
NAME	RAWLS, E	RIK		La velete	NAM						□ Change	E Addition		
STREET ADDRESS	7145 58TH					EET ADDRESS								
CITY-ST-ZIP		ACH, FL 32967				-\$T-ZIP								
TITLE	D	,		Delete	TITL	ŧ .				<u>-</u>	Change	☐ Addition		
NAME	ERICKSO	N CLAIR		Desete	NAM						change	L Addition		
STREET ADDRESS	1	2 CEMETERY RD.				EET ADDRESS								
CITY-ST-ZIP	1	NE, FL 32777				-ST-ZIP								
	D			□ p-1-4-			-				□ cь	- Approx		
TITLE NAME	SELLERS	RRENT		☐ Delete	TITL						☐ Change	☐ Addition		
NAME STREET ADDRESS						EET ADDRESS								
CITY-ST-ZIP						-ST-ZIP								
OH 1 01-48	LOWY'L .				C111	OI-ER	1							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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