2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000581

FILED Feb 28, 2008 Secretary of State

Entity Name: FLORIDA WEED SCIENCE SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 3200 E PALM BEACH RD 3401 EXPERIMENT STATION BELLE GLADE, FL 33430 ONA, FL 33865 **Current Mailing Address: New Mailing Address:** 3200 E PALM BEACH RD 3401 EXPERIMENT STATION ONA, FL 33865 BELLE GLADE, FL 33430 FEI Number: 59-3224781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAINBOLT, CURTIS R SELLERS, BRENT A 3200 E PALM BEACH RD 3401 EXPERIMENT STATION BELLE GLADE, FL 33430 US ONA, FL 33865 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: BRENT SELLERS 02/28/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FERRELL, JASON Name: Name: 301 A NEWELL HALL Address: Address: City-St-Zip: GAINESVILLE, FL 32611 City-St-Zip: Title: Title: (X) Change () Addition () Delete RAINBOLT, CURTIS R Name: SELLERS, BRENT A Name: Address: 3200 E PALM BEACH RD Address: 3401 EXPERIMENT STATION City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: ONA, FL 33865 Title: () Delete Title: (X) Change () Addition SELLERS, BRENT MACRAE, ANDREW Name: Name: 3401 EXPERIMENT STATION Address: Address: 14625 CR 672 City-St-Zip: ONA, FL 33865 City-St-Zip: WIMAUMA, FL 33598 Title: () Delete Title: (X) Change () Addition Name: RAWLS, ERIK Name: RAWLS, ERIK Address: 7145 58TH AVE Address: 7145 58TH AVE City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: VERO BEACH, FL 32967 Title: () Delete Title: () Change () Addition JAIN, RAKESH Name: Name: 71455 58TH AVE Address: Address: City-St-Zip: TANGERINE, FL 32777 City-St-Zip: Title: () Delete Title: () Change () Addition UNRUH, JOSEPH B Name: Name: Address: 5988 HWY. 90 W., BLDG. 4900 Address: MILTON, FL 32583 City-St-Zip: City-St-Zip:

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: BRENT SELLERS VP 02/28/2008