2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N94000000581

Entity Name: FLORIDA WEED SCIENCE SOCIETY, INC.

Current Principal Place of Business:

3401 EXPERIMENT STATION
ONA, FL 33865

New Principal Place of Business:

14625 CR 672
WIMAUMA, FL 33598

Current Mailing Address:

3401 EXPERIMENT STATION
ONA, FL 33865

New Mailing Address:

14625 CR 672
WIMAUMA, FL 33598

FEI Number: 59-3224781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELLERS, BRENT A
3401 EXPERIMENT STATION
ONA, FL 33865 US

Name and Address of New Registered Agent:

MACRAE, ANDREW W
14625 CR 672
WIMAUMA, FL 33598 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: ANDREW W MACRAE 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERRELL, JASON
Address: 301 A NEWELL HALL
City-St-Zip: GAINESVILLE, FL 32611

Title: VP ( ) Delete
Name: SELLERS, BRENT A
Address: 3401 EXPERIMENT STATION
City-St-Zip: ONA, FL 33865

Title: ST ( ) Delete
Name: MACRAE, ANDREW
Address: 14625 CR 672
City-St-Zip: WIMAUMA, FL 33598

Title: PP ( ) Delete
Name: RAWLS, ERIK
Address: 7145 58TH AVE
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete
Name: JAIN, RAKESH
Address: 71455 58TH AVE
City-St-Zip: TANGERINE, FL 32777

Title: D ( ) Delete
Name: UNRUH, JOSEPH B
Address: 5988 HWY. 90 W., BLDG. 4900
City-St-Zip: MILTON, FL 32583

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: ANDREW W. MACRAE ST 04/30/2009
Electronic Signature of Signing Officer or Director Date