

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000581

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** FLORIDA WEED SCIENCE SOCIETY, INC.

**Current Principal Place of Business:**

3401 EXPERIMENT STATION  
ONA, FL 33865

**New Principal Place of Business:**

**Current Mailing Address:**

3401 EXPERIMENT STATION  
ONA, FL 33865

**New Mailing Address:**

**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:**

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

Title: ST  
Name: SELLERS, BRENT A  
Address: 3401 EXPERIMENT STATION  
City-St-Zip: ONA, FL 33865

Title: VP  
Name: JAIN, RAKESH  
Address: 7145 58TH AVE  
City-St-Zip: VERO BEACH, FL 32967

Title: D  
Name: RAWLS, ERIK  
Address: 7145 58TH AVE  
City-St-Zip: VERO BEACH, FL 32967

Title: PP  
Name: NANCE, JERRY  
Address: 1 LAKE LINK DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P  
Name: SMITH, CLYDE  
Address: 2228 BRIDGE CREEK ROAD  
City-St-Zip: MARIANNA, FL 32448

I hereby 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 all other like empowered.

SIGNATURE: BRENT SELLERS

ST

01/05/2012

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

\_\_\_\_\_  
Date