2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24831

FILED Jaņ 1<u>0, 2</u>006 Secretary of State

Entity Name: THE SOUTHEASTERN BOLL WEEVIL ERADICATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2424 EAST SOUTH BOULEVARD 7 TWIN CREEKS DRIVE

BELL OAKS PLAZA, SUITE B TALLASSEE, AL 360784750 US MONTGOMERY, AL 361162506

Current Mailing Address: New Mailing Address:

2424 EAST SOUTH BOULEVARD 7 TWIN CREEKS DRIVE

BELL OAKS PLAZA, SUITE B TALLASSEE, AL 360784750 US MONTGOMERY, AL 361162506

FEI Number: 56-1578321 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:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CORCORAN, W.L., SMITH, LEWIS J Name: Name: RT. 2, BOX 156 Address: 3075 HICKORY HOLLOW LANE Address:

EUFAULA, AL JAY, FL 32565

City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete BRUMLEY, JAMES T PRES Name: BRUMLEY, JAMES T PRES Name: Address: 2424-B EAST SOUTH BLVD. Address: 7 TWIN CREEKS DRIVE

City-St-Zip: MONTGOMERY, AL 36116 City-St-Zip: TALLASSEE, AL 350784750

Title: () Delete Title: (X) Change () Addition ALRED, ROBERT W. Name:

ALRED, ROBERT W. CFO Name: 2424-B EAST SOUTH BLVD. 7 TWIN CREEKS DRIVE Address: Address: City-St-Zip: MONTGOMERY, AL City-St-Zip: TALLASSEE, AL 360784750

Title: () Delete Title: D (X) Change () Addition

Name: CLARK, RICHARD Name: CLARK, RICHARD Address: P.O. BOX 1269 N/A Address: P.O. BOX 147100

City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL 326147100

Title: () Delete Title: (X) Change () Addition DAVIS, JERRY, DAVIS, JERRY, Name: Name:

RT. 2, BOX 92 P.O BOX 770 Address: Address: City-St-Zip: MILTON, FL City-St-Zip: JAY, FL 32565

Title: () Delete Title: () Change () Addition

DIAMOND, JOHN M Name: Name: Address: 12778 HWY 197 Address: JAY, FL 32565 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W. ALRED **CFO** 01/10/2006