

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24831

FILED
Jan 11, 2008
Secretary of State

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

Current Principal Place of Business:

7 TWIN CREEKS DRIVE
TALLASSEE, AL 360784750 US

New Principal Place of Business:

Current Mailing Address:

7 TWIN CREEKS DRIVE
TALLASSEE, AL 360784750 US

New Mailing Address:

FEI Number: 56-1578321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: SMITH, LEWIS J
Address: 3075 HICKORY HOLLOW LANE
City-St-Zip: JAY, FL 32565

Title: P () Delete
Name: BRUMLEY, JAMES T PRES
Address: 7 TWIN CREEKS DRIVE
City-St-Zip: TALLASSEE, AL 350784750

Title: S () Delete
Name: ALRED, ROBERT W. CFO
Address: 7 TWIN CREEKS DRIVE
City-St-Zip: TALLASSEE, AL 360784750

Title: D () Delete
Name: CLARK, RICHARD
Address: P.O. BOX 147100
City-St-Zip: GAINESVILLE, FL 326147100

Title: D () Delete
Name: DAVIS, JERRY,
Address: P.O BOX 770
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: DIAMOND, JOHN M
Address: 12778 HWY 197
City-St-Zip: JAY, FL 32565

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: D (X) Change () Addition
Name: WALKER, SAM
Address: 3241 LAMBERT BRIDGE
City-St-Zip: MCDAVID, FL 32568

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: ROBERT W. ALRED

CFO

01/11/2008

Electronic Signature of Signing Officer or Director

Date