

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # U00021

1. Entity Name
**BOLL WEEVIL ERADICATION FOUNDATION OF
FLORIDA, INC.**



Principal Place of Business

**PO BOX 921
JAY, FL 32565**

Mailing Address

**PO BOX 921
JAY, FL 32565**

DO NOT WRITE IN THIS SPACE



02202006 No Chg-NP

CR2E037 (11/05)

4. FCI Number
59-2843812

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAMOND, JOHN M
12778 CHUMUCKLA HWY.
JAY, FL 32565**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, LEWIE J
STREET ADDRESS 3075 HICKORY HOLLOW LANE
CITY-ST-ZIP JAY, FL 32565

TITLE D
NAME DAVID, JERRY
STREET ADDRESS 10410 HWY. 87 N.
CITY-ST-ZIP MILTON, FL 32570

TITLE D
NAME WARD, BRETT
STREET ADDRESS 4761 HWY 99 A
CITY-ST-ZIP WALNUT HILL, FL 32568

TITLE D
NAME DAVIS, MICHAEL
STREET ADDRESS 3900 VICKS RD.
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE D
NAME MELTON, DON
STREET ADDRESS 25410 SHORTY SEGERS RD.
CITY-ST-ZIP ALTHA, FL 32421

TITLE C
NAME DIAMOND, JOHN M
STREET ADDRESS 12778 CHUMUCKLA HWY
CITY-ST-ZIP JAY, FL 32565

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02/23/2006 08:00 AM 71.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M Diamond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-06
Date

850-675-6480
Daytime Phone #