

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90053 028 ****70.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2843812

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

DIAMOND, JOHN M
12778 CHUMUCKLA HWY.
JAY FL 32565

7. Name and Address of New Registered Agent

Name **Lewie Joe Smith**

Street Address (P.O. Box Number is Not Acceptable)

3075 Hickory Hollow Lane

City **Jay**

FL

Zip Code **32565**

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 **Lewie Joe Smith**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **SMITH, LEWIE J**
STREET ADDRESS **3075 HICKORY HOLLOW LANE**
CITY-ST-ZIP **JAY FL 32565**

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

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

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

TITLE **D** ☐ Delete
NAME **MELTON, DON**
STREET ADDRESS **25410 SHORTY SEGERS RD.**
CITY-ST-ZIP **ALTA FL 32421**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Allen Edwards**
STREET ADDRESS **2108 Mineral Springs Road**
CITY-ST-ZIP **Jay, FL. 32565**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lewie Joe Smith

4-8-08