

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# U00021

FILED  
Apr 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 921  
JAY, FL 32565

**New Principal Place of Business:**

3075 HICKORY HOLLOW LANE  
JAY, FL 32565

**Current Mailing Address:**

PO BOX 921  
JAY, FL 32565

**New Mailing Address:**

**FEI Number:** 59-2843812      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH, LEWIE JOE  
3075 HICKORY HOLLOW LANE  
JAY, FL 32565      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: C      ( ) Delete  
Name: SMITH, LEWIE J  
Address: 3075 HICKORY HOLLOW LANE  
City-St-Zip: JAY, FL 32565

Title: D      ( ) Delete  
Name: DAVIS, JERRY  
Address: 10410 HWY. 87 N.  
City-St-Zip: MILTON, FL 32570

Title: D      ( ) Delete  
Name: WARD, BRETT  
Address: 4761 HWY 99 A  
City-St-Zip: WALNUT HILL, FL 32568

Title: D      ( ) Delete  
Name: DAVIS, MICHAEL  
Address: 3900 VICKS RD.  
City-St-Zip: GRACEVILLE, FL 32440

Title: D      ( ) Delete  
Name: MELTON, DON  
Address: 25410 SHORTY SEGERS RD.  
City-St-Zip: ALTHA, FL 32421

Title: D      ( ) Delete  
Name: EDWARDS, ALLEN  
Address: 2108 MINERAL SPRINGS ROAD  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LEWIE JOE SMITH

C

04/16/2009

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

\_\_\_\_\_  
Date