

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725312

Entity Name: FLORIDA SEED ASSOCIATION, INC.**Current Principal Place of Business:**4259 BUFFUM PLACE
LAKELAND, FL 33813**Current Mailing Address:**2161 E COUNTY ROAD 540A
PMB 236
LAKELAND, FL 33813**FEI Number:** 59-1618977**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOOD, ARLEN LJR
4259 BUFFUM PLACE
LAKELAND, FL 33813 US*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**Officer/Director Detail :**Title DIRECTOR
Name WALPOLE, SARA
Address 8409 S. INDIAN RIVER DR
City-State-Zip: FT PIERCE FL 34982Title DIRECTOR
Name DECKER, NATHAN
Address 3764 OAK GROVE DR
City-State-Zip: SARASOTA FL 34243Title PRESIDENT
Name HOWARD, DARREN
Address 1522 SR 29 SOUTH
City-State-Zip: LABELLE FL 33935Title VP
Name GALANTE, JAMES
Address PO BOX 1118
City-State-Zip: LEHIGH ACRES FL 33970Title EXVP
Name WOOD, ARLEN LJR
Address 4259 BUFFUM PL
City-State-Zip: LAKELAND FL 33813Title DIRECTOR
Name DOMBROWSKI, CORY
Address PO BOX 1118
City-State-Zip: LEHIGH ACRES FL 33970Title VP
Name CLINE, WAYNE
Address 327 ANDERSON STREET NE
City-State-Zip: LAKE PLACID FL 33852

I hereby 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 all other like empowered.

SIGNATURE: ARLEN L. WOOD, JR.

EXVP

04/05/2018

Electronic Signature of Signing Officer/Director Detail_____
Date