

**2023 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	EXVP
Name	WOOD, ARLEN LJR
Address	4259 BUFFUM PL
City-State-Zip:	LAKELAND FL 33813

Title	DIRECTOR
Name	DOMBROWSKI, CORY
Address	PO BOX 1118
City-State-Zip:	LEHIGH ACRES FL 33970

Title	DIRECTOR
Name	CLINE, WAYNE
Address	3001 JACK CREEK DR
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	GALANTE, JAMES
Address	PO BOX 1118
City-State-Zip:	LEHIGH ACRES FL 33970

Title	DIRECTOR
Name	JAHNA, LAMAR
Address	1860 S AVON ESTATES BLVD
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	STOKENBERG, JOE
Address	1540 WALNUT AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	PRESIDENT
Name	BRADY, GEORGE
Address	10128 YACHT CLUB DR
City-State-Zip:	TREASURE ISLAND FL 33706

Title	VP
Name	BLAIR, ROSS
Address	PO BOX 879
City-State-Zip:	OCALA FL 34478

**Continues on page 2**

*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 LAVAN WOOD JR

EXVP

04/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	VP
Name	WILLIS, JOE
Address	5012 LAKE TOSCANA DR
City-State-Zip:	WIMAUMA FL 33598