

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
Aug 11, 2016
Secretary of State
CC3951864124

Entity Name: THE ALUMNI ASSOCIATION OF THE WEDGWORTH LEADERSHIP INSTITUTE FOR AGRICULTURE AND NATURAL RESOURCES, INC.

Current Principal Place of Business:

UNIVERSITY OF FLORIDA
P.O. BOX 112060 126A BRYANT HALL
GAINESVILLE, FL 32611-2060

Current Mailing Address:

UNIVERSITY OF FLORIDA
P.O. BOX 112060 126A BRYANT HALL
GAINESVILLE, FL 32611-2060 US

FEI Number: 47-1663286

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, AMANDA E
150 2ND AVE N
SUITE 1700
ST PETERSBURG, FL 33701 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: AMANDA E TAYLOR

08/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ROYCE, RAY
Address PO BOX 2920
City-State-Zip: LAKE PLACID FL 33862

Title D
Name BASORE, TOBY
Address 10333 TRIANON PL.
City-State-Zip: WELLINGTON FL 33449

Title OFFICER
Name BRANTLEY, SEAN
Address 12405 91ST TERRACE N
City-State-Zip: SEMINOLE FL 33772

Title SECRETARY
Name LOCKRIDGE, LISA
Address 782 SWAYING PALM DRIVE
City-State-Zip: APOPKA FL 32712

Title TREASURER
Name WEBB, MATT
Address 4744 NE COLIN KELLY HWY
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name TAYLOR, AMANDA E
Address 150 SECOND AVE N
SUITE 1700
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name BISHOP, SUSANNA
Address 128 MINI RANCH RD
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name SIMS, STACI
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 33857

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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: AMANDA E. TAYLOR

DIRECTOR

08/11/2016

Officer/Director Detail Continued :

Title DIRECTOR
Name SPENCER, JEFFREY
Address PO BOX 2842
City-State-Zip: HIGH SPRINGS FL 32655

Title DIRECTOR
Name ARCHEY, ERIN
Address 1740 REBEL RUN
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name STEIN, SANFORD
Address 6065 SW 133RD ST.
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name LOPEZ, TONY
Address 301 SOUTH COLLINS STREET
SUITE 102
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR
Name CONRAD, BOB
Address 1923 INDIAN CREEK DRIVE
City-State-Zip: FORT MYERS FL 33917