

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007594

**FILED**  
**Feb 25, 2021**  
**Secretary of State**  
**4081399240CC**

**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:**

WEBB, MATT  
360 SW RANGE AVE.  
MADISON, FL 32341 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: MATT WEBB**

**02/25/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SCHWAB, RICHARD  
Address 2365 US 19  
City-State-Zip: PERRY FL 32347

Title DIRECTOR  
Name JOHNS, DANNY  
Address PO BOX 202  
City-State-Zip: HASTINGS FL 32145

Title TREASURER  
Name BAUMAN, CARL J  
Address PO BOX 1690  
City-State-Zip: TAMPA FL 33602

Title PRESIDENT  
Name WEBB, MATT  
Address 360 SW RANGE AVE  
City-State-Zip: MADISON FL 32341

Title SECRETARY  
Name TAYLOR, ALICIA  
Address 1395 PANTHER LANE  
SUITE 300  
City-State-Zip: NAPLES FL 34109

Title DIRECTOR  
Name WRIGHT, KEVIN  
Address 1528 CANYON AVE NE  
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR  
Name DOWNING, MARCIE  
Address 712 N. PECAN PARKWAY  
City-State-Zip: NORTHLAKE TX 76247

Title DIRECTOR  
Name LOPEZ, TONY  
Address 1609 S. ALEXANDER STREET  
SUITE 104/105  
City-State-Zip: PLANT CITY FL 33563

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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: CARL BAUMAN**

**TREASURER**

**02/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CULPEPPER, JOSH  
Address 2218 HOFFNER AVE  
City-State-Zip: BELL ISLE FL 32809

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

Title DIRECTOR  
Name BASORE, TOBY  
Address 2305 CYPRESS LANE  
City-State-Zip: BELLE GLADE FL 33430

Title DIRECTOR  
Name REGISTER, DAVID  
Address PO BOX 308  
City-State-Zip: SEVILLE FL 32109

Title DIRECTOR  
Name BASORE, MICHAEL  
Address 8994 WENDY LANE WEST  
City-State-Zip: WEST PALM BEACH FL 33411

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