

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007594

FILED
Feb 11, 2022
Secretary of State
8021485140CC

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:

BAUMAN, CARL J
400 NORTH ASHLEY DRIVE
SUITE 2500
TAMPA, FL 33602 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: CARL J BAUMAN

02/11/2022

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 J BAUMAN

TREASURER

02/11/2022

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