

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007594

FILED
Jan 10, 2019
Secretary of State
5578833846CC

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
146 SECOND STREET NORTH
SUITE 101
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

01/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
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 TREASURER
Name WEBB, MATT
Address P.O. BOX 540
City-State-Zip: MADISON FL 32341

Title PRESIDENT
Name TAYLOR, AMANDA E
Address 146 SECOND STREET NORTH
SUITE 101
City-State-Zip: ST. PETERSBURG FL 33701

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

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

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

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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: MATTHEW G WEBB

TREASURER

01/10/2019

Officer/Director Detail Continued :

Title DIRECTOR
Name DOWNING, MARCIE
Address 710 CHARTER WOOD PLACE
City-State-Zip: VALRICO FL 33594

Title DIRECTOR
Name ROSS, JAMIE
Address 2701 FOREST CIRCLE
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name PARRISH, JENNIFER
Address 1330 BRANDY LAKE VIEW CIRCLE
City-State-Zip: WINTER GARDEN FL 34787

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

Title DIRECTOR
Name HICKS, REBA
Address 12300 NW US HIGHWAY 441
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR
Name MCDONALD, DAVID
Address 57 EAST THIRD STREET
City-State-Zip: APOPKA FL 32703