2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007594

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

INC.

Mar 01, 2023 Secretary of State 2841648547CC

FILED

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 03/01/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title	DIRECTOR	Title	TREASURER
Name	JOHNS, DANNY	Name	BAUMAN, CARL J
Address	PO BOX 202	Address	PO BOX 1690
City-State-Zip:	HASTINGS FL 32145	City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR	Title	SECRETARY
Name	WEBB, MATT	Name	TAYLOR, ALICIA
Address	PO BOX 540	Address	13861 CALLISTO AVE
City-State-7in	MADISON FL 32341	City-State-Zip:	NAPLES FL 34109

Title	PRESIDENT	Title	DIRECTOR
Name	WRIGHT, KEVIN	Name	LOPEZ, TONY

Address 9226 97TH LANE Address 4024 BUTTONBRUSH CIRCLE

City-State-Zip: LIVE OAK FL 32060 City-State-Zip: LAKELAND FL 33811

Title DIRECTOR Title DIRECTOR

NameCULPEPPER, JOSHNameGREENE, JENNIFERAddress2218 HOFFNER AVEAddress21703 MARLIN AVE

City-State-Zip: BELL ISLE FL 32809 City-State-Zip: PANAMA CITY BEACH FL 32413

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SIGNATURE: CARL BAUMAN TREASURER 03/01/2023

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.

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameMIKELL, CORYNameVERMILLION, ERINAddress9836 NW 16TH RDAddress519 N CLARA AVECity-State-Zip:GAINESVILLE FL 32606City-State-Zip:DE LAND FL 32720

TitleDIRECTORTitleDIRECTORNameHARRELL, SUENameJAHNA, ADRIANAddress308 TIGHE AVEAddress985 LAKE LOTELA DRCity-State-Zip:SEFFNER FL 33584City-State-Zip:AVON PARK FL 33825

Title DIRECTOR Title DIRECTOR

Name ABREU, JORGE Name HELMS-SHELLEY, JENNIFER

Address 12761 SW 248TH TERRACE Address 1751 NW 17TH

City-State-Zip: HOMESTEAD FL 33032 City-State-Zip: HOMESTEAD FL 33030