

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2024
Secretary of State
3646818190CC

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

02/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 DIRECTOR
Name WEBB, MATT
Address PO BOX 540
City-State-Zip: MADISON FL 32341

Title SECRETARY
Name TAYLOR, ALICIA
Address 13861 CALLISTO AVE
City-State-Zip: NAPLES FL 34109

Title PRESIDENT
Name WRIGHT, KEVIN
Address 9226 97TH LANE
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name LOPEZ, TONY
Address 4024 BUTTONBRUSH CIRCLE
City-State-Zip: LAKELAND FL 33811

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

Title DIRECTOR
Name GREENE, JENNIFER
Address 21703 MARLIN AVE
City-State-Zip: PANAMA CITY BEACH FL 32413

Continues on page 2

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

02/08/2024

Officer/Director Detail Continued :

Title DIRECTOR
Name MIKELL, CORY
Address 9836 NW 16TH RD
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name HARRELL, SUE
Address 308 TIGHE AVE
City-State-Zip: SEFFNER FL 33584

Title DIRECTOR
Name ABREU, JORGE
Address 12761 SW 248TH TERRACE
City-State-Zip: HOMESTEAD FL 33032

Title DIRECTOR
Name VERMILLION, ERIN
Address 519 N CLARA AVE
City-State-Zip: DE LAND FL 32720

Title DIRECTOR
Name JAHNA, ADRIAN
Address 985 LAKE LOVELA DR
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name HELMS-SHELLEY, JENNIFER
Address 1751 NW 17TH
City-State-Zip: HOMESTEAD FL 33030