

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000581

Entity Name: FLORIDA WEED SCIENCE SOCIETY, INC.**Current Principal Place of Business:**3205 COLLEGE AVENUE
UNIVERSITY OF FLORIDA FLREC
DAVIE, FL 33314**Current Mailing Address:**3205 COLLEGE AVENUE
UNIVERSITY OF FLORIDA FLREC
DAVIE, FL 33314 US**FEI Number:** 59-3224781**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GETTYS, LYN
3205 COLLEGE AVENUE
DAVIE, FL 33314 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:** LYN GETTYS

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name GETTYS, LYN
Address UNIVERSITY OF FLORIDA IFAS FLREC
3205 COLLEGE AVENUE
City-State-Zip: DAVIE FL 33314

Title NEWSLETTER EDITOR
Name MACDONALD, GREG
Address UNIVERSITY OF FLORIDA IFAS
AGRONOMY
PO BOX 110500
City-State-Zip: GAINESVILLE FL 32611

Title PAST PRESIDENT
Name BOYD, NATHAN
Address UNIVERSITY OF FLORIDA IFAS
GCREC
14625 CR 672
City-State-Zip: WIMAUMA FL 33598

Title PAST SECRETARY/TREASURER
Name SELLERS, BRENT
Address UNIVERSITY OF FLORIDA IFAS
RCREC
3401 EXPERIMENT STATION
City-State-Zip: ONA FL 33865

Title VP
Name ERIC, RAWLS
Address SYNGENTA CROP PROTECTION
7145 58TH AVE.
City-State-Zip: VERO BEACH FL 32967

Title HISTORIAN
Name CURREY, WAYNE
Address 154 ORANGE LANE
City-State-Zip: HAWTHORNE FL 32640

Title PRESIDENT
Name DITTMAR, PETER
Address UNIVERSITY OF FLORIDA IFAS HORT
SCI
1233 FIFIELD HALL PO BOX 110690
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR (ACADEMIA)
Name FREEMAN, JOSH
Address UNIVERSITY OF FLORIDA IFAS
NFREC
155 RESEARCH ROAD
City-State-Zip: QUINCY FL 32351

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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: LYN GETTYS**SECRETARY/TREASURER** 06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR (INDUSTRY)
Name BOND, TINA
Address HELENA
21244 SR 46
City-State-Zip: MT. DORA FL 32757

Title DIRECTOR (INDUSTRY)
Name JAIN, RAKESH
Address SYNGENTA CROP PROTECTION
7145 58TH AVE
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR (ACADEMIA)
Name ODERO, CALVIN
Address UNIVERSITY OF FLORIDA IFAS EREC
3200 EAST PALM BEACH RD.
City-State-Zip: BELLE GLADE FL 33430

Title DIRECTOR (ACADEMIA)
Name DEVKOTA, PRATAP
Address UNIVERSITY OF FLORIDA IFAS
WFREC
4253 EXPERIMENT RD., HWY. 182
City-State-Zip: JAY FL 32565

Title MEMBER AT LARGE
Name KANISSERY, RAMDAS
Address UNIVERSITY OF FLORIDA IFAS
SWFREC
2685 STATE ROAD 29 NORTH RM. #
7712-129
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR (INDUSTRY)
Name WUERFFEL, JOE
Address SYNGENTA CROP PROTECTION
7145 58TH AVE.
City-State-Zip: VERO BEACH FL 32967