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Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14471 (9)
1. Corporation Name
MID FLORIDA CITRUS FOUNDATION, INC.



Principal Place of Business Mailing Address
%JOHN JACKSON 30205 STATE ROAD 19 TAVARES FL 32778 US
%JOHN JACKSON 30205 STATE RD 19 TAVARES FL 32778-4262 US

3. Date incorporated or Qualified 04/18/1986
3a. Date of Last Report 03/08/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number 59-2805357 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JACKSON, JOHN
30205 STATE RD 19
TAVARES FL 32778

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

*SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	AUSTIN, LESTER	
STREET ADDRESS	305 N. PARK AVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	SD	DELETE
NAME	JACKSON, JOHN	
STREET ADDRESS	30205 STATE RD 19	
CITY-ST-ZIP	TAVARES FL	
TITLE	TD	DELETE
NAME	BOYD, MAURICE M.	
STREET ADDRESS	15400 OAKLAND AVE	
CITY-ST-ZIP	OAKLAND FL	
TITLE	VP	DELETE
NAME	JENNINGS, ROU	
STREET ADDRESS	PO BOX 1130 400 S. Bay St	
CITY-ST-ZIP	EUSTIS FL Eustis, FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME	Austin, Lester	
1.3 STREET ADDRESS	305 N. Park Ave	
1.4 CITY-ST-ZIP	Winter Garden, FL 34777	
2.1 TITLE	Change	Addition
2.2 NAME	John Jackson	
2.3 STREET ADDRESS	30205 SR 19	
2.4 CITY-ST-ZIP	TAVARES, FL 32778	
3.1 TITLE	Change	Addition
3.2 NAME	Maurice Boyd	
3.3 STREET ADDRESS	15400 Oakland Ave	
3.4 CITY-ST-ZIP	Oakland, FL 34760	
4.1 TITLE	Change	Addition
4.2 NAME	Jennings Rou	
4.3 STREET ADDRESS	400 S. Bay St	
4.4 CITY-ST-ZIP	Eustis, FL 32726	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature] dwolan

CR2E037 (9/96)