


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14471 (9)**  
 1. Corporation Name  
**MID FLORIDA CITRUS FOUNDATION, INC.**



Principal Place of Business <b>%JOHN JACKSON</b> <b>30205 STATE ROAD 19</b> <b>TAVARES FL 32778</b> <b>US</b>	Mailing Address <b>%JOHN JACKSON</b> <b>30205 STATE RD 19</b> <b>TAVARES FL 32778</b> <b>US</b>
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3. Date Incorporated or Qualified  
**04/18/1986**

4. FEI Number  
**59-2805357**

Applied For  
 Yes  Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUSTIN, LESTER</b>	1.2 NAME	
STREET ADDRESS	<b>305 N. PARK AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>30205 STATE RD 19</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, MAURICE M.</b>	3.2 NAME	
STREET ADDRESS	<b>15400 OAKLAND AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKLAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNINGS, ROU</b>	4.2 NAME	
STREET ADDRESS	<b>400 S BAY ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EUSTIS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *John C. Jackson* 3/10/98 352/363-4101

CP2E037 (10/97)