2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2014
Secretary of State
CC6393877071

DOCUMENT# 790817

Entity Name: FLORIDA CITRUS PACKERS

Current Principal Place of Business:

800 TRAFALGAR COURT
SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

P.O. BOX 941058
MAITLAND, FL 32794 US

FEI Number: 59-0907251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAIRES, J. PETER
800 TRAFALGAR COURT
SUITE 200
MAITLAND, FL 32751 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: J. PETER CHAIRES 04/30/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, CHAIRMAN
Name	ESTES, WILLIAM C
Address	4425 NORTH US HWY 1
City-State-Zip:	VERO BEACH FL 32967

Title	DIRECTOR, SECRETARY, TREASURER
Name	BARWICK, DON
Address	306 9TH STREET
City-State-Zip:	WINTER GARDEN FL 34787

Title	EXECUTIVE VICE PRESIDENT
Name	CHAIRES, J. PETER
Address	800 TRAFALGAR COURT SUITE 200
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	BROADAWAY, DENNIS
Address	P.O. BOX 337
City-State-Zip:	HAINES CITY FL 33845

Title	DIRECTOR
Name	SALLIN, MICHEL
Address	7836 CHERRY LAKE RD
City-State-Zip:	GROVELAND FL 34736

Title	DIRECTOR
Name	STREETMAN, GEORGE H
Address	PO BOX 880
City-State-Zip:	VERO BEACH FL 32961

Title	VC, DIRECTOR, 1ST VP
Name	BLACK, LARRY
Address	P.O. BOX 816
City-State-Zip:	FT. MEADE FL 33841

Title	DIRECTOR
Name	CALLAHAM, STEVEN
Address	P.O. BOX 1739
City-State-Zip:	DUNDEE FL 33838

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: J. PETER CHAIRES EXECUTIVE VP 04/30/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GENKE, PAUL
Address	P.O. BOX 12969
City-State-Zip:	FT. PIERCE FL 34981

Title	DIRECTOR
Name	HUNT, FRANK M III
Address	P.O. BOX 631
City-State-Zip:	LAKE WALES FL 33859

Title	DIRECTOR
Name	RICHEY, DAN
Address	P.O. BOX 39
City-State-Zip:	VERO BEACH FL 32961

Title	DIRECTOR
Name	SMITH, EMERY
Address	P.O. BOX 127
City-State-Zip:	FROSTPROOF FL 33843

Title	DIRECTOR
Name	HAMNER, GEORGE JR.
Address	7355 SW NINTH STREET
City-State-Zip:	VERO BEACH FL 32968

Title	DIRECTOR
Name	NELSON, GREG
Address	1900 OLD DIXIE HWY
City-State-Zip:	FT. PIERCE FL 34946

Title	DIRECTOR
Name	SEXTON, BOBBY
Address	695 SOUTH US HWY 1
City-State-Zip:	VERO BEACH FL 32962

Title	DIRECTOR, 2ND VP
Name	SMITH, TREY
Address	4776 OLD DIXIE HIGHWAY
City-State-Zip:	VERO BEACH FL 32967