

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11791

Entity Name: GULF CITRUS GROWERS ASSOCIATION, INC.**Current Principal Place of Business:**11741 PALM BEACH BLVD
STE 202
FORT MYERS, FL 33905**Current Mailing Address:**11741 PALM BEACH BLVD
STE 202
FORT MYERS, FL 33905 US**FEI Number:** 59-2599005**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, STEVE
11741 PALM BEACH BLVD
STE 202
FORT MYERS, FL 33905 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:** STEVE SMITH

01/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	MANAGER
Name	SMITH, STEVE
Address	11741 PALM BEACH BLVD STE 202
City-State-Zip:	FORT MYERS FL 33905

Title	DIRECTOR
Name	SIMMONS, WAYNE
Address	P.O. BOX 2166
City-State-Zip:	LABELLE FL 33975

Title	VP
Name	SUTTON, DANNY
Address	10070 DANIELS INTERSTATE COURT STE 100
City-State-Zip:	FORT MYERS FL 33913

Title	TREASURER
Name	ATCHLEY, ROB
Address	P.O. BOX 788
City-State-Zip:	LABELLE FL 33975

Title	DIRECTOR
Name	BOB, NEWSOME
Address	5072 ANNUNCIATION CIRCLE, #314
City-State-Zip:	AVE MARIA FL 34142

Title	PRESIDENT
Name	MAHAN, RON
Address	1705 COLONIAL BLVD STE C4
City-State-Zip:	FORT MYERS FL 33907

Title	DIRECTOR
Name	WHEELER, DAVID
Address	P.O. BOX 2715
City-State-Zip:	LAKE PLACID FL 33862

Title	DIRECTOR
Name	KIRSCHNER, TOM
Address	P.O. BOX 3147
City-State-Zip:	IMMOKALEE FL 34143

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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: STEVE SMITH**EXECUTIVE VICE
PRESIDENT**

01/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POOL, DANNY JR.
Address P.O. BOX 3026
City-State-Zip: LABELLE FL 33975

Title DIRECTOR
Name OBNEY, JULIE PAUL
Address P.O. BOX 188
City-State-Zip: WAUCHULA FL 33873

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

Title SECRETARY
Name JONES, LEE
Address 1605 MAIN STREET
#703
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name JOHNSON, DALE
Address 8445 LYNDON
City-State-Zip: DETROIT MI 48238