

2017 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:**HAMEL, RON
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SOUD, CAREY
Address 161 RIVERBEND DRIVE
City-State-Zip: LABELLE FL 33935

Title MANAGER
Name HAMEL, RON
Address P.O. BOX 1319
City-State-Zip: LABELLE FL 33975

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

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

Title TREASURER
Name TROYER, AARON
Address 14700 TROYER BROTHERS ROAD
City-State-Zip: FORT MYERS FL 33913

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

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

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

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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: RON HAMEL**MANAGER****01/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name HILLIARD, JOE II
Address 5500 FLAGHOLE ROAD
City-State-Zip: CLEWISTON FL 33935

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