

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14471

**FILED  
Mar 26, 2015  
Secretary of State  
CC4800914127**

**Entity Name:** MID FLORIDA CITRUS FOUNDATION, INC.

**Current Principal Place of Business:**

1951 WOODLEA ROAD  
TAVARES FL 32778

**Current Mailing Address:**

PO BOX 8  
OAKLAND, FL 34760-0008 US

**FEI Number:** 59-2805357

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOYD, MAURICE M  
15400 OAKLAND AVENUE  
WINTER GARDEN, FL 34787 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 SECRETARY, DIRECTOR  
Name ENGLAND, GARY K  
Address 1951 WOODLEA ROAD  
City-State-Zip: TAVARES FL 32778

Title TREASURER, DIRECTOR  
Name BOYD, MAURICE M  
Address 15400 OAKLAND AVENUE  
City-State-Zip: WINTER GARDEN FL 34787

Title PRESIDENT, DIRECTOR  
Name FABRY, PAUL  
Address 18210 MCKINNEY ROAD  
City-State-Zip: WINTER GARDEN FL 34787

Title VP, DIRECTOR  
Name CLONTS, WILLIAM R JR.  
Address P.O. BOX 622916  
City-State-Zip: OVIEDO FL 32762-2916

*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: MAURICE M. BOYD**

**TREASURER**

**03/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date