

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14471

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

**Current Principal Place of Business:**

15400 OAKLAND AVE  
WINTER GARDEN, FL 34787

**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 CROSS, PHIL  
Address P.O. BOX 783125  
City-State-Zip: WINTER GARDEN FL 34778

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

Title CHAIRMAN, DIRECTOR  
Name BECK, GLEN  
Address 12500 OVERSTREET RD  
City-State-Zip: WINDERMERE FL 34786

Title VC, 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**

**02/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date