# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# 739209

**Entity Name:** FLORIDA CITRUS PRODUCTION MANAGERS ASSOCIATION, INC.

**Current Principal Place of Business:**

32871 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982 US

**New Principal Place of Business:**

**Current Mailing Address:**

32871 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982 US

**New Mailing Address:**

**FEI Number: 59-1808558** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

WALTERS, FREDERICK H
32871 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SNIVELY, JAMES A
Address: 244 HUNTLEY OAKS BOULDVARD
City-St-Zip: LAKE PLACID, FL 33852

Title: V ( ) Delete
Name: WHITAKER, JAY
Address: P O BOX 3346
City-St-Zip: SEBRING, FL 33871

Title: V ( ) Delete
Name: KIRSCHNER, TOM
Address: P.O. BOX 3147
City-St-Zip: IMMOKALEE, FL 34143

Title: S, T ( ) Delete
Name: WALTERS, FREDERICK H
Address: 32871 WASHINGTON LOOP ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: V (X) Delete
Name: MERRITT, JOHN
Address: P O BOX 507
City-St-Zip: VENUS, FL 33960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: WHITAKER, JAY
Address: P O BOX 3346
City-St-Zip: LAKE PLACID, FL 33871

Title: V (X) Change ( ) Addition
Name: KIRSCHNER, TOM
Address: P O BOX 3147
City-St-Zip: IMMOKALEE, FL 34143

Title: V (X) Change ( ) Addition
Name: MERRITT, JOHN
Address: P O BOX 507
City-St-Zip: VENUS, FL 33960

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FREDERICK H. WALTERS S, T 04/29/2009

Electronic Signature of Signing Officer or Director — Date