

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752848

FILED
Apr 21, 2009
Secretary of State

Entity Name: FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business:

302 S. MASSACHUSETTES AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 1809
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 01-0553828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METHENY, KEVIN E
302 S MASSACHUSETTS AVE
LAKELAND, FL 33801 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: D () Delete
Name: CLARK, JAY
Address: 117 N. ILLINOIS AVE.
City-St-Zip: WAUCHULA, FL 33873

Title: CD () Delete
Name: WHEELER, MARK
Address: P.O. BOX 2715
City-St-Zip: LAKE PLACID, FL 33862

Title: D () Delete
Name: SMOAK, MASON
Address: 1025 SR 17 N
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: STORY, JR, VICTOR
Address: P.O. BOX 1063
City-St-Zip: BABSON PARK, FL 33827

Title: AT () Delete
Name: METHENY, KEVIN E
Address: 302 S MASSACHUSETTS AVE
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: SORRELLS, STEVE
Address: 135 MARSHALL AVE
City-St-Zip: ARCADIA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: BATTAGLIA, BOB
Address: P O BOX 3010
City-St-Zip: WINTER PARK, FL 32790

Title: D (X) Change () Addition
Name: WHEELER, MARK
Address: P.O. BOX 2715
City-St-Zip: LAKE PLACID, FL 33862

Title: D (X) Change () Addition
Name: BARBEN, JOHN
Address: P O BOX 789
City-St-Zip: AVON PARK, FL 33825

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

Title: T (X) Change () Addition
Name: METHENY, KEVIN E
Address: 302 S MASSACHUSETTS AVE
City-St-Zip: LAKELAND, FL 33801

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: KEVIN E METHENY

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

Date