

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764652

FILED  
Jun 02, 2009  
Secretary of State

Entity Name: CITRUS GROWER ASSOCIATES, INC.

## Current Principal Place of Business:

9235 - CR 48  
YALAH, FL 347970008

## New Principal Place of Business:

9235 - CR 48  
YALAH, FL 34797

## Current Mailing Address:

POST OFFICE DRAWER 8  
YALAH, FL

## New Mailing Address:

POST OFFICE DRAWER 8  
YALAH, FL 34797 US

FEI Number: 59-2232724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BOUIS, FRANK  
9235 - CR 48  
YALAH, FL 347970008 US

## Name and Address of New Registered Agent:

BOUIS, FRANK  
9235 - CR 48  
YALAH, FL 34797 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:

06/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BOUIS, FRANK  
Address: 9235 CO. RD. 48  
City-St-Zip: YALAH, FL 34797

Title: VPD ( ) Delete  
Name: ATTAWAY, JOHN DR.  
Address: P.O. BOX 205  
City-St-Zip: WINTER HAVEN, FL

Title: MD ( ) Delete  
Name: GAERNDT, FRED  
Address: P.O. BOX 1014  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: MD ( ) Delete  
Name: KAHN, MARVIN  
Address: P.O. BOX 3346  
City-St-Zip: SEBRING, FL 338713346

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRANK S. BOUIS

PD

06/02/2009

Electronic Signature of Signing Officer or Director

Date