

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790106 (9)

1. Corporation Name

INDIAN RIVER CITRUS LEAGUE, INC.

Principal Place of Business

7925 20TH STREET
VERO BCH FL 32966

Mailing Address

INDIAN RIVER CITRUS LEAGUE INC
PO BOX 519
VERO BCH FL 32961
US



3. Date Incorporated or Qualified
03/01/1931

3a. Date of Last Report
01/23/1995

4. FEI Number

59-0594030

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOURNIQUE, DOUGLAS C.
7925 20TH STREET
VERO BEACH FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Douglas C. Bournique

(NOTE: Registered Agent signature required when reinstating)

1-18-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------------|--|
| TITLE | VCD | <input checked="" type="checkbox"/> DELETE |
| NAME | GATES, PHILIP C SR | |
| STREET ADDRESS | 2323 S INDIAN RIVER DR | |
| CITY - ST - ZIP | FT PIERCE, FL 00000 | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | ESTES, WILLIAM C | |
| STREET ADDRESS | 2052 NEAR OCEAN DR | |
| CITY - ST - ZIP | VERO BEACH FL | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | HAMNER, GEORGE F | |
| STREET ADDRESS | 995 SANDFLY LANE | |
| CITY - ST - ZIP | VERO BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PARRISH, J J III | |
| STREET ADDRESS | 603 INDIAN RVR AVE | |
| CITY - ST - ZIP | VERO BCH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LUTHER, JOHN M | |
| STREET ADDRESS | 555 A1A | |
| CITY - ST - ZIP | VERO BCH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SEXTON, ROBERT G | |
| STREET ADDRESS | 1815 28TH AVE | |
| CITY - ST - ZIP | VERO BCH FL | |

| | | |
|---------------------|------------------------|--|
| 1.1 TITLE | VCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Hammer, George F | |
| 1.3 STREET ADDRESS | 995 Sandfly Lane | |
| 1.4 CITY - ST - ZIP | Vero Beach, FL 32963 | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Luther, John M | |
| 2.3 STREET ADDRESS | 555 A1A | |
| 2.4 CITY - ST - ZIP | Vero Beach, FL 32963 | |
| 3.1 TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Richey, Daniel R | |
| 3.3 STREET ADDRESS | 2625 63rd St | |
| 3.4 CITY - ST - ZIP | Winter Beach, FL 32971 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Sexton, Robert G. | |
| 5.3 STREET ADDRESS | 1815 - 28th Avenue | |
| 5.4 CITY - ST - ZIP | Vero Beach, FL 32960 | |
| 6.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Jacobs, Daryl C | |
| 6.3 STREET ADDRESS | 5235 - 22nd Street | |
| 6.4 CITY - ST - ZIP | Vero Beach, FL 32966 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Sexton Robert G. Sexton

1/18/96

Date

407/562-2728

Daytime Phone #

CR2E037 (12/95)