


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90062 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 790106			
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	
2. Principal Place of Business 21		2a. Mailing Address 26 Indian River Citrus League	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 P.O. Box 690007	
City & State 23		City & State 28 Vero Beach, Florida	
Zip 24		Zip 29 32966	
Country 25		Country 30 Indian River	
9. Name and Address of Current Registered Agent BOURNIQUE, DOUGLAS C. 7925 20TH STREET VERO BEACH FL 32960			
10. Name and Address of New Registered Agent 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 <u>Douglas C. Bournique</u> Douglas C. Bournique, Exec. Vice Pres. 1/20/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	VCD	<input type="checkbox"/> DELETE	
NAME	SMITH, E. RAY JR.		
STREET ADDRESS	649 LAKE DRIVE		
CITY-ST-ZIP	VERO BEACH FL 32963		
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	LUTHER, JOHN M		
STREET ADDRESS	555 A1A		
CITY-ST-ZIP	VERO BEACH FL 32963		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	RICHEY, DANIEL R.		
STREET ADDRESS	2625 63RD ST.		
CITY-ST-ZIP	WINTER BEACH FL 32971		
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	GATES, PHILIP C. S		
STREET ADDRESS	2323 SOUTH INDIAN RIVER DRIVE		
CITY-ST-ZIP	FORT PIERCE FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	JACOBS, DARYL C		
STREET ADDRESS	5235 22ND ST.		
CITY-ST-ZIP	VERO BEACH FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Daniel R. Richey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel R. Richey, Pres.

561-562-2728

Date

Daytime Phone #