

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 20, 2007 8:00 am  
Secretary of State**

03-20-2007 90019 043 \*\*\*\*61.25

40039258

DOCUMENT # 790121		
1. Entity Name LAKE WALES CITRUS GROWERS ASSOCIATION		

Principal Place of Business  
111 FIRST STREET NORTH  
DUNDEE, FL 33838 US

Mailing Address  
PO BOX 1739  
DUNDEE, FL 33838

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number 59-0324250	Applied For
	Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARONE, JON F  
111 FIRST STREET NORTH  
DUNDEE, FL 33838

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD  
NAME MCKINLEY, MALCOLM  
STREET ADDRESS 211 S. LAKE STARR BLVD  
CITY - ST - ZIP LAKE WALES, FL 33853

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE VD  
NAME SMITH, MICHAEL J  
STREET ADDRESS 785 NORTH SHORE  
CITY - ST - ZIP ANNA MARIA, FL 34216

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE TD  
NAME BASSETT, RAY  
STREET ADDRESS 2300 NORTH SCENIC HIGHWAY  
CITY - ST - ZIP BABSON PARK, FL 33827

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE D  
NAME GRIFFIN, EMMETT F  
STREET ADDRESS 1900 E.F. GRIFFIN RD  
CITY - ST - ZIP BARTOW, FL 33830

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE SD  
NAME FRIEDLANDER, EDWIN  
STREET ADDRESS PO.O BOX 32  
CITY - ST - ZIP LAKE WALES, FL 338590032

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

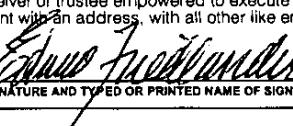
Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
Patricia Dopler  
11 Catherine Ave  
Lake Wales, FL 33859

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

3. 9.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #