

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90020 007 \*\*\*\*61.25

**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**

**40048270**



02042008 Chg-NP CR2E037 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-0324250**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**Schaal, Mary**

Street Address (P.O. Box Number is Not Acceptable)  
**111 First Street North**

City  
**Dundee**

FL

Zip Code  
**33838**

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

*Mary Schaal*

*3/11/08*

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, 2008**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Smith, Michael J  
785 North Shore  
Anna Maria, FL 34216** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
Bassett, Ray  
2300 North Scenic Highway  
Babson Park, FL 33827** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
Friedlander, Edwin  
PO Box 32  
Lake Wales, FL 33859-0032** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DOPLER, PATRICIA  
11 CATHERINE AVE  
LAKE WALES, FL 33859** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*Edwin W. Friedlander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/11/08*

Date

*863-439-1574*

Daytime Phone #

ATTACHMENT 40048270

#790121

Lake Wales Citrus Growers Association  
Board of Directors

D  
David Dopler  
P.O. Box 844  
Babson Park, FL 33827-0844

D  
Frank Thullbery  
3900 Scenic Highway South  
Lake Wales, FL 33853-7416

D  
John Langford  
202 Lake Miriam Drive  
Suite E1  
Lakeland, FL 33820