

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790121

FILED
Apr 09, 2009
Secretary of State

Entity Name: LAKE WALES CITRUS GROWERS ASSOCIATION

Current Principal Place of Business:

111 FIRST STREET NORTH
DUNDEE, FL 33838 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1739
DUNDEE, FL 33838

New Mailing Address:

FEI Number: 59-0324250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAAL, MARY
111 FIRST STREET NORTH
DUNDEE, FL 33838 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, MICHAEL J
Address: 785 NORTH SHORE
City-St-Zip: ANNA MARIA, FL 34216

Title: STD () Delete
Name: BASSETT, RAY
Address: 230 NORTH SCENIC HIGHWAY
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: GRIFFIN, EMMETT F
Address: 1900 E.F. GRIFFIN RD
City-St-Zip: BARTOW, FL 33830

Title: VD () Delete
Name: FRIEDLANDER, EDWIN
Address: PO BOX 32
City-St-Zip: LAKE WALES, FL 338590032

Title: D () Delete
Name: DOPLER, PATRICIA
Address: 11 CATHERINE AVE
City-St-Zip: LAKE WALES, FL 33859

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D (X) Change () Addition
Name: DOPLER, PATRICIA
Address: P.O. BOX 687
City-St-Zip: BABSON PARK, FL 33859

Title: D () Change (X) Addition
Name: DOPLER, DAVID
Address: P.O. BOX 844
City-St-Zip: BABSON PARK, FL 33827 US

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: MICHAEL SMITH

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date