

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790121

**FILED**  
**Feb 15, 2010**  
**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:**

FIELDING, ERROLL  
101 JARDIN LANE  
WINTER HAVEN, FL 33881 US

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: ERROLL FIELDING

02/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: D  
Name: FRIEDLANDER, KATHY  
Address: P.O. BOX 32  
City-St-Zip: LAKE WALES, FL 338590032 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. SMITH

PD

02/15/2010

Electronic Signature of Signing Officer or Director

Date