

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790182

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: DUNDEE CITRUS GROWERS ASSOCIATION

**Current Principal Place of Business:**

111 N. 1ST STREET  
DUNDEE, FL 33838

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1739  
DUNDEE, FL 33838 US

**New Mailing Address:**

FEI Number: 59-0226060

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: TD ( ) Delete  
Name: WATSON, CHARLES E  
Address: 9400 S RUBY LAKE DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete  
Name: OLSON, JOHN E  
Address: 10 VAGABOND LN.  
City-St-Zip: WINTER HAVEN, FL

Title: S ( ) Delete  
Name: CALLAHAM, STEVEN B  
Address: 2823 SEQUOYAH DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: PCD ( ) Delete  
Name: RALEY, LINDSAY W JR  
Address: 208 PALMOLA ST  
City-St-Zip: LAKE LAND, FL 33803

Title: D ( ) Delete  
Name: LANGLEY, MIKE R  
Address: 17628 US HWY 27 N  
City-St-Zip: CLERMONT, FL 34711

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: WHEELER, DAVID  
Address: 441 LK MIRROR DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: CALLAHAM, STEVEN B CFO  
Address: 2823 SEQUOYAH DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: PCD (X) Change ( ) Addition  
Name: RALEY, JR, LINDSAY W  
Address: 208 PALMOLA ST  
City-St-Zip: LAKE LAND, FL 33803

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ATAS ( ) Change (X) Addition  
Name: SCHAAL, MARY E CFO  
Address: 235 SIXTH STREET NW UNIT 604  
City-St-Zip: WINTER HAVEN, FL 33882

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: MARY E SCHAAL

ATAS

04/09/2009

Electronic Signature of Signing Officer or Director

Date