2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# 790197

Entity Name: HAINES CITY CITRUS GROWERS ASSOCIATION

Current Principal Place of Business:

#8 RAILROAD AVE.
HAINES CITY, FL 33845 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 337
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 59-1278765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROADAWAY, DENNIS P.
#8 RAILROAD AVENUE
HAINES CITY, FL 33845 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:	VPD	( ) Delete
Name:	BENTLEY, PAT	
Address:	1300 ISLAND WAY S/E	
City-St-Zip:	WINTER HAVEN, FL 33880 US	
Title:	VPD	( ) Delete
Name:	BAUKNIGHT, JIM	
Address:	5600 E IRLO BRONSON HWY	
City-St-Zip:	ST CLOUD, FL 34771 US	
Title:	PD	( ) Delete
Name:	TURNER, ROBERT	
Address:	304 LOCHEN CIRCLE SE	
City-St-Zip:	WINTER HAVEN, FL 33884 US	
Title:	ST	( ) Delete
Name:	HAMRICK, H R	
Address:	17901 HOLLY BROOK DR	
City-St-Zip:	TAMPA, FL 33647 US	
Title:	D	( ) Delete
Name:	ROCKER, TOM	
Address:	2740 SEQUOYAH DRIVE	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	D	( ) Delete
Name:	MCTEER, HAROLD	
Address:	3152 BEAUCHAMP COURT	
City-St-Zip:	WINTER HAVEN, FL 33884 US	

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

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: H R HAMRICK ST 01/07/2008

Electronic Signature of Signing Officer or Director — Date