

790197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200265523542

10/22/14--01010--006 \*\*35.00

14 NOV -5 PM 2:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. Lewis  
11-17-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2014

MS. MARY ANN HENDRY / HAINES CITY CITRUS GROWERS ASSOC  
PO BOX 337  
HAINES CITY, FL 33845-0337 US

SUBJECT: HAINES CITY CITRUS GROWERS ASSOCIATION  
Ref. Number: 790197

We have received your document for HAINES CITY CITRUS GROWERS ASSOCIATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 214A00023574

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Haines City Citrus Growers Association

**DOCUMENT NUMBER:** 790197

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ms. Mary Ann Hendry

(Name of Contact Person)

Haines City Citrus Growers Association

(Firm/ Company)

P. O. Box 337

(Address)

Haines City, FL. 33845-0337

(City/ State and Zip Code)

maryann@hilltopcitrus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Ann Hendry

(Name of Contact Person)

at ( 863 ) 422-1174 ext. 224

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee &	<input type="checkbox"/> \$43.75 Filing Fee &	<input type="checkbox"/> \$52.50 Filing Fee
Paid with CH# 19737	Certificate of Status	Certified Copy	Certificate of Status
10/21/2014		(Additional copy is enclosed)	Certified Copy
			(Additional Copy is Enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
14 NOV 12 AM 11:50

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV -5 PM 2: 10

**HAINES CITY CITRUS GROWERS ASSOCIATION**

(Name of Corporation as currently filed with the Florida Dept. of State)

790197

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* \_\_\_\_\_

N/A

\_\_\_\_\_  
(Florida street address)

*New Registered Office Address:*

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

N/A

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ST</u>	<u>H. R. Hamrick</u>	<u>17901 Hollybrook Dr.</u> <u>Tampa, Fl. 33647</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>Mary Ann Hendry</u>	<u>815 Power Line Road</u> <u>Davenport, Fl. 33837</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VTR</u>	<u>Dennis P. Broadaway</u>	<u>2050 W. Lake Hamilton Dr.</u> <u>Winter Haven, Fl. 33881</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Deborah Hancock</u>	<u>436 Country Pine Road</u> <u>Haines City, Fl. 33844</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: N/A  
date this document was signed.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Effective date if applicable: N/A  
(no more than 90 days after amendment file date) **11 NOV -5 PM 2:10**

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated November 10, 2014

Signature Mary Ann Hendry  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mary Ann Hendry  
(Typed or printed name of person signing)

Secretary - Treasurer  
(Title of person signing)