

790197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

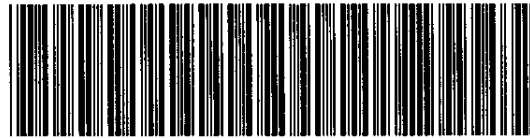
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200265523542

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

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

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &

☐ \$43.75 Filing Fee &

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

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

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: N/A
date this document was signed. FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS if other than the

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)