2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 790218

Entity Name: WINTER HAVEN CITRUS GROWERS ASSOCIATION

Current Principal Place of Business:

100 1ST STREET N
DUNDEE, FL 33838

New Principal Place of Business:

Current Mailing Address:

C/O DEAROLF & MERENESS LLP
15425 N FLORIDA AVE
TAMPA, FL 336131243

New Mailing Address:

FEI Number: 59-0514475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESLEY, JOHN T JR.
804 S WOODLYN DR.
TAMPA, FL 33609 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:	V	( ) Delete
Name:	RACE, JOE B	
Address:	1242 11TH ST. NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	D	( ) Delete
Name:	MARSHALL, CHALLIS	
Address:	P. O. BOX 801	
City-St-Zip:	WINTER HAVEN, FL 33882	
Title:	D	( ) Delete
Name:	HARLEY, RICHARD C.	
Address:	685 E PEARL ST	
City-St-Zip:	BARTOW, FL	
Title:	D	( ) Delete
Name:	GOODMAN, RICHARD C	
Address:	222 N LASALLE ST., SUITE 2000	
City-St-Zip:	CHICAGO, IL 60601	
Title:	P	( ) Delete
Name:	SCHRADER, TED	
Address:	P.O. BOX 2302	
City-St-Zip:	SAINT LEO, FL 33574	
Title:	D	( ) Delete
Name:	ALTMAN, ALLEN	
Address:	12445 US HWY 301	
City-St-Zip:	DADE CITY, FL 33525	

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: TED SCHRADER PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date