

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # 790224 (0)

1. Corporation Name

MOUNT DORA GROWERS COOPERATIVE

Principal Place of Business

Mailing Address

801 S HIGHLAND ST.
P.O. BOX 36
MOUNT DORA FL 32757-7036

801 S HIGHLAND ST.
P.O. BOX 36
MOUNT DORA FL 32757-7036



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 06/12/1967	3a. Date of Last Report 02/24/1995
4. FEI Number 59-0369690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAIR, ROBERT H.
10219 E DEWEY ROBBINS RD
HOWEY IN THE HILLS FL**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	11 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS ROBERT A.	12 NAME	JOHN A. ANDERSON
STREET ADDRESS	1311 S. VINELAND RD	13 STREET ADDRESS	22 WILLOW RD
CITY-ST-ZIP	WINTER GARDEN FL	14 CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMP, WILLIAM R.	22 NAME	PAMELA M. ROBB
STREET ADDRESS	7124 CR 48	23 STREET ADDRESS	1311 S VINELAND RD
CITY-ST-ZIP	YALAHUA FL	24 CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	VD <input checked="" type="checkbox"/> DELETE	31 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALHOUN, CHARLES M.	32 NAME	D.R. IGOU
STREET ADDRESS	240 LAKEVIEW STREET	33 STREET ADDRESS	1990 HWY 44 WEST
CITY-ST-ZIP	UMATILLA FL	34 CITY-ST-ZIP	EUSTIS FL 32726
TITLE	STM <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, ROBERT H.	42 NAME	
STREET ADDRESS	10219 E. DEWEY ROBBINS RD	43 STREET ADDRESS	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	44 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SUE S.	52 NAME	
STREET ADDRESS	340 W. 9TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Robert H. Blair*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT H. BLAIR SECRETARY/TREASURER 4/23/96 352-383-4114

Date

Daytime Phone #

CR2E037 (12/95)