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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **790268** **(7)**

1. Corporation Name

WINTER GARDEN CITRUS GROWERS ASSOCIATION

Principal Place of Business	Mailing Address
P O BOX 69 75 2ND ST. WINTER GARDEN FL 34777-0069	P O BOX 69 75 2ND ST. WINTER GARDEN FL 34787-3104 US

3. Date Incorporated or Qualified: 09/24/1937
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-0514415 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FISCHER,EVERETTE H
N MAGNOLIA ST
WINDERMERE FL 32786

10. Name and Address of New Registered Agent

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 _____ 1/7/97
Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARTZOG, WILLIAM D		1.2 NAME		
STREET ADDRESS	11315 CYPRESS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FISCHER, EVERETTE H		2.2 NAME		
STREET ADDRESS	131 MAGNOLIA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISCHER, OLIN		3.2 NAME		
STREET ADDRESS	11339 WINDERMERE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEKEMEYER, STEPHEN		4.2 NAME		
STREET ADDRESS	STATE ROAD 535		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CROOKER, C J		5.2 NAME		
STREET ADDRESS	136 DOWN COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, W.C.		6.2 NAME		
STREET ADDRESS	2849 JOHIO SHORES DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/7/97 (407)656-4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070596