

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P O BOX 69 75 2ND ST. WINTER GARDEN FL 34777-0069	Mailing Address P O BOX 69 75 2ND ST. WINTER GARDEN FL 34787 US
---	---



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

3. Date Incorporated or Qualified 09/24/1937	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	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTZOG, WILLIAM D 11315 CYPRESS DRIVE CLERMONT FL 34711 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FISCHER, EVERETTE H 131 MAGNOLIA ST. WINDERMERE FL 34786 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, OLIN 11339 WINDERMERE ROAD WINDERMERE FL 34786 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEKEMEYER, STEPHEN STATE ROAD 535 WINTER GARDEN FL 34787 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOKER, C J 136 DOWN COURT WINDERMERE FL 34786 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, W.C. 2849 JOHIO SHORES DRIVE ORLANDO FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Hartzog, William D. 11315 Cypress Drive, Clermont, FL. 34711 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director/President Bekemeyer, Stephen State Road 535 Winter Garden, FL. 34787 ☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director/Vice President Davis, W. C. 2849 Johio Shores Drive Orlando, Florida 3 ☒ Change ☐ Addition

14. I 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: **Everette H. Fischer, Secretary-Treasurer** 407-656-1112

CR2E037 (10/97)

Addition

D
Luff, John
2512 Waterview Place
Windermere, Florida 34786