FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90031 030 ****61.25

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DOCUMENT # **790268**

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 US

2. Principal Place of Business 21	2a. Mailing Address 26 P. O. Box 770069	3. Date Incorporated or Qualified 09/24/1937
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0514415 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Winter Garden, Fla.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip. Country 24 25	Zip Country 29 34777-0069 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Same
82 Street Address (P.O. Box Number is Not Acceptable): 131 E. Magnolia Street
83: Same
84 City: Same FL 85 Zip Code: 34786

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	X ☐ Change ☐ Addition
NAME	HARTZOG, WILLIAM D		1.2 NAME	Hartzog, William D.	
STREET ADDRESS	11315 CYPRESS DRIVE		1.3 STREET ADDRESS	11315 Cypress Drive	
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP	Clermont, Florida 34711	
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	CP	☐ DELETE	4.1 TITLE	PD	X ☐ Change ☐ Addition
NAME	BEKEMEYER, STEPHEN		4.2 NAME	Bekemeyer, Stephen	
STREET ADDRESS	STATE ROAD 535		4.3 STREET ADDRESS	State Road 535	
CITY-ST-ZIP	WINTER GARDEN FL 34787		4.4 CITY-ST-ZIP	Winter Garden, Florida 34787	
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	CVP	☐ 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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/29/99 (407) 656-4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

α46403-70031-80
790268

Addition

D
Luff John
2512 Waterview Place
Windermere, Florida 34786