## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 08, 2006 8:00 am Secretary of State **DOCUMENT # 790268** 1. Entity Name 05-08-2006 90267 011 \*\*\*\*61.25 WINTER GARDEN CITRUS GROWERS ASSOCIATION Principal Place of Business Mailing Address PO BOX 770069 WINTER GARDEN FL 34777-0069 P O BOX 69 75 2ND ST. WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-0514415 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISCHER, EVERETTE H Street Address (P.O. Box Number is Not Acceptable) 131 E MAGNOLIA ST. WINDERMERE FL 34786 Zip Code FI 8. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or physical same of registered agent and title if applicable (NOTE: Repistored Agen) signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. X Delete TITLE TITLE ☐ Change ☐ Addition LUFF, JOHN NATAE NAME 2512 WATERVIEW PLACE STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP STD TITLE Delete TITLE ☐ Change ☐ Addition FISCHER, EVERETTE H NAME NAME 131 MAGNOLIA ST. STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change Addition BEKEMEYER, STEPHEN MAME NAME STATE ROAD 535 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CHY-SI-ZIP TITLE ☐ Delete TITLE ☐ Addition DAVIS, W.C. STREET ADDRESS 2849 JOHIO SHORES DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HARTZOG, WILLIAM D NAME NAME 999 HIDDEN BLUFF STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete ☐ Change Addition HAYES, JAMES NAME NAME 7 FIRST CT STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-7/P CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 employees to execute this report as required by Change 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an autochrient with an address, with all other like empowered.

SIGNATURE:

407 656 4423

**FILED**