

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790268

FILED
Jan 16, 2009
Secretary of State

Entity Name: WINTER GARDEN CITRUS GROWERS ASSOCIATION

Current Principal Place of Business:

P O BOX 69
75 2ND ST.
WINTER GARDEN, FL 34787

New Principal Place of Business:

75 2ND STREET
WINTER GARDEN, FL 34787

Current Mailing Address:

PO BOX 770069
WINTER GARDEN, FL 347770069 US

New Mailing Address:

FEI Number: 59-0514415 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FISCHER, EVERETTE H
131 E MAGNOLIA ST.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

FISCHER, EVERETTE H STD
75 2ND STREET
WINTER GARDEN, FL 34787 US

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.

SIGNATURE: EVERETTE H. FISCHER

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: FISCHER, EVERETTE H
Address: 131 MAGNOLIA ST.
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: BEKEMEYER, STEPHEN
Address: STATE ROAD 535
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: DAVIS, W.C.
Address: 2849 JOHIO SHORES DRIVE
City-St-Zip: ORLANDO, FL

Title: PD () Delete
Name: HAYES, JAMES
Address: 7 FIRST CT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVERETTE H. FISCHER

STD

01/16/2009

Electronic Signature of Signing Officer or Director

Date