


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90187 019 \*\*\*\*61.25

<b>DOCUMENT # 790327</b> 1. Entity Name <b>SOUTH LAKE APOPKA CITRUS GROWERS ASSOCIATION</b>	
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Principal Place of Business <b>15400 OAKLAND AVE WINTER GARDEN, FL 34787</b>	Mailing Address <b>P. O. BOX 8 OAKLAND, FL 34760</b>
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**60036282**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04102007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-0455305</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>BOYD, MAURICE M 15400 OAKLAND AVE. WINTER GARDEN, FL 34777</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	<b>34787</b>

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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, MAURICE M.	NAME	
STREET ADDRESS	15400 OAKLAND AVE.	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFORD, DAVID J	NAME	
STREET ADDRESS	190 TEMPLE GROVE DR.	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEASON, A.H.	NAME	
STREET ADDRESS	137 N. BOYD ST	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, NANCY J	NAME	
STREET ADDRESS	11426 LAKE KATHERINE CIR.	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, S. SCOTT	NAME	
STREET ADDRESS	15400 OAKLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Maurice M. Boyd* **4/11/07** **407 656-1333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Maurice M. Boyd*