


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 790327	
1. Entity Name SOUTH LAKE APOPKA CITRUS GROWERS ASSOCIATION	

Principal Place of Business 15400 OAKLAND AVE WINTER GARDEN, FL 34787	Mailing Address P. O. BOX 8 OAKLAND, FL 34760
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0455305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOYD, MAURICE M 15400 OAKLAND AVE. WINTER GARDEN, FL 34787	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000927308 05/20/08-80101-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, MAURICE M. 15400 OAKLAND AVE. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STANFORD, DAVID J 190 TEMPLE GROVE DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLEASON, A.H. 137 N. BOYD ST WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCARTHY, NANCY J 11426 LAKE KATHERINE CIR. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, S. SCOTT 15400 OAKLAND AVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 **Maurice M. Boyd** 4-24-08 407 656-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #