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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 03 1997 8:00am

Secretary of State

(96/6) (6)

CR2E037

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP DELOACH, THOMAS C.

WINTER GARDEN FL

515 NORTH BOYD STREET

790472

(5)

WINTER GARDEN CITRUS PRODUCTS COOPERATIVE

Principal Place of Business Mailing Address ATTN: HARVEY HELLER 355 SOUTH MINTH STREET WINTER GARDEN FL 34787 P.O. BOX 770399 WINTER GARDEN FL 34777-0399 3. Date incorporated or Qualified 07/05/1944 3a. Date of Last Report 04/24/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For P.O. Box 770338 59-0529396 13100 W. COLONIAL DR. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be WINTER GARDEN, FL WINTER GARDEN, FL 23 Trust Fund Contribution 28 Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, USA Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REX V. MCPHERSON HARVEY R. HELLER Street Address (P.O. Box Number is Not Acceptable)
13100 W. ColoniaL DR. 82 **508 W. LAKEVIEW ST** 83 APT. #432 ORLANDO FL 32804 City W:NTER Zip Code 3478 84 GARDBN 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 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. REX V. MCPHERSON SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change 1.1 TITLE TITLE D HELLER, HARVEY R 12 NAME NAME **508 W. LAKEVIEW STREET** 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BOYD, MAURICE M 2.2 NAME NAME 1400 WEST HIGHWAY 438 STREET ADDRESS 2.3 STREET ADDRESS OAKLAND FL 2.4 CITY-ST-ZIP CITY-ST-ZIP D DELETE 3.1 TITLE Addition TIT: F ROPER, BERT E 3.2 NAME NAME 12302 SUMMERPORT LANE 3.3 STREET ADDRESS STREET ADDRESS WINDERMERE FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Change DELETE DP Addition TITLE 4.1 TITLE MCPHERSON, REX V II 4. 2 NAME NAME 2029 COMPANERO AVENUE 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 4.4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE FISCHER, EVERETTE H 5.2 NAME NAME 131 E. MAGNOLIA AVENUE 5.3 STREET ADDRESS STREET ADORESS WINDERMERE FL 34788 5.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: + 1 (407)656-2291

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 ennual report or supplied entrained in 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.

DELETE