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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790472 (5)
1. Corporation Name
WINTER GARDEN CITRUS PRODUCTS COOPERATIVE

Principal Place of Business
13100 W COLONIAL DR
WINTER GARDEN FL 34787
US

Mailing Address
PO BOX 770338
WINTER GARDEN FL 34777-0339
US



3. Date Incorporated or Qualified

07/05/1944

4. FEI Number

59-0529396

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 34777-0338 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34777-0338 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCPHERSON, REX V. II
13100 W COLONIAL DR
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 office or 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HELLER, HARVEY R
STREET ADDRESS 508 W. LAKEVIEW STREET
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME BOYD, MAURICE M
STREET ADDRESS 1400 WEST HIGHWAY 438
CITY-ST-ZIP OAKLAND FL

TITLE D ☐ DELETE
NAME ROPER, BERT E
STREET ADDRESS 12302 SUMMERPORT LANE
CITY-ST-ZIP WINDERMERE FL

TITLE DP ☐ DELETE
NAME MCPHERSON, REX V II
STREET ADDRESS 2029 COMPANERO AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME FISCHER, EVERETTE H
STREET ADDRESS 131 E. MAGNOLIA AVENUE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ DELETE
NAME DELOACH, THOMAS C.
STREET ADDRESS 515 NORTH BOYD STREET
CITY-ST-ZIP WINTER GARDEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (10/97)