2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790559

FILED Apr 21, 2009 Secretary of State

Entity Name: FLORIDA CITRUS MUTUAL, INC.

Current Principal Place of Business: New Principal Place of Business: 302 S MASSACHUSETTS AVE LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 302 S MASSACHUSETTS AVE LAKELAND, FL 33801 FEI Number: 59-0580477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: METHENY, KEVIN E 302 S MASSACHUESETTS AVE LAKELAND, FL 33801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BECKER, FRAN BECKER, FRAN Name: Name: 4104 HWY 72 NW Address: 4104 HWY 72 NW Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: PD Title: (X) Change () Addition () Delete CLARK, III, J.A. Name: CLARK, III, J.A. Name: Address: 117 N. ILLINOIS AVENUE Address: 117 N. ILLINOIS AVENUE City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: WAUCHULA, FL 33873 Title: () Delete Title: () Change () Addition BENTLEY, JR, RAYMOND Name: Name: 2600 OVERLOOK DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: MCKENNA, MARTIN J Name: 1513 NE LAKEVIEW DR. Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: VD () Delete Title: () Change () Addition SORRELLS, STEVE Name: Name: 1192 NE LIVINGSTON STREET Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: () Change () Addition BROADWAY, DENNIS P Name: Name: Address: #8 RAILROAD AVENUE Address: HAINES CITY, FL 33844 City-St-Zip: 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: KEVIN E METHENY AT 04/21/2009