

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **790618** (3)

1. Corporation Name

**MIMS CITRUS GROWERS ASSOCIATION**



Principal Place of Business

Mailing Address

**2455 FOLSOM ROAD  
MIMS FL 32754**

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MIMS FL 32754**

3. Date Incorporated or Qualified  
**12/16/1949**

3a. Date of Last Report  
**01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-0363315**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, DAVID L  
2455 FOLSOM ROAD  
MIMS FL 32754**

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	CD	<input type="checkbox"/> DELETE
NAME	CROFTON, R.O.	
STREET ADDRESS	1410 RIVERSIDE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEAL, JOHN C	
STREET ADDRESS	414 DESOTO DR	
CITY-ST-ZIP	NEW SMYRNA BEACH 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DREHER, JAN M.	
STREET ADDRESS	16849 DEER ISLAND RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID L	
STREET ADDRESS	1021 ANTELOPE TR	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, CHARLES L.	
STREET ADDRESS	2085 OVERLOOK DR	
CITY-ST-ZIP	MT DORA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOBBINS, LAURA K	
STREET ADDRESS	727 LENOX AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

(407) 267-4661

Date

Daytime Phone

CR2E037 (12/95)