

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790768

FILED
Apr 10, 2008
Secretary of State

Entity Name: FLORIDA ORANGE MARKETERS, INC.

Current Principal Place of Business:

505 AVE. A NW, SUITE 219
WINTER HAVEN, FL 338814627

New Principal Place of Business:

Current Mailing Address:

505 AVE. A NW, SUITE 219
WINTER HAVEN, FL 338814627

New Mailing Address:

FEI Number: 59-0811838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRINGTON, WILLIAM S
505 AVE A NW SUITE 219
WINTER HAVEN, FL 338814627 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: ESTES, WM C
Address: 3705 20TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: STD () Delete
Name: SHINN, JAMES
Address: P.O. BOX 937
City-St-Zip: LAKE ALFRED, FL 33850

Title: VPD () Delete
Name: REESE, RAND
Address: 3505 BRIDGEFIELD DR
City-St-Zip: LAKELAND, FL 33803

Title: AST (X) Delete
Name: ARRINGTON, WILLIAM S
Address: 1001 S LAKE MARIAM DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD (X) Delete
Name: VONHAHMANN, MAX
Address: 30 VAGABOND LANE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHUFORD, JAMES
Address: 118 WYNDHAM DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD (X) Change () Addition
Name: SHINN, JAMES
Address: P.O. BOX 937
City-St-Zip: LAKE ALFRED, FL 33850

Title: STGM (X) Change () Addition
Name: ARRINGTON, WILLIAM S
Address: 1001 S. LAKE MARIAM DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: WILLIAM S. ARRINGTON

ST

04/10/2008

Electronic Signature of Signing Officer or Director

Date