

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790768

**FILED**  
**Jan 04, 2010**  
**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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  
Name: SHUFORD, JAMES  
Address: 118 WYNDHAM DR.  
City-St-Zip: WINTER HAVEN, FL 33884

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM S. ARRINGTON

STGM

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date