


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790791</b> 1. Entity Name <b>FLORIDA CITRUS NURSERYMEN'S ASSOCIATION</b>	
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Principal Place of Business <b>2686 STATE RD 29 N IFAS SOUTHWEST CENTER IMMOKALEE, FL 34142-9515 US</b>	Mailing Address <b>2686 STATE RD 29 N IMMOKALEE, FL 34142-9515 US</b>
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05272006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1055188</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROUSE, ROBERT E  
2686 STATE RD 29 N  
IFAS SOUTHWEST CENTER  
IMMOKALEE, FL 34143**

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000576693  
09/13/06-80001-002 61.25

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLEY, JIM PO BOX 1666 AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMESON, NATE PO BOX 387 BALM, FL 33503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROUSE, ROBERT SWFREC 2686 HIGHWAY 29 NO IMMOKALEE, FL 341429515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOWLAND, RUTH PO BOX 782 LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, CHUCK PO BOX 1863 DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADDIS, CLIFF 30 HORN RD VENUS, FL 33960

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on any attachment with an address, with all other like empowered.

**SIGNATURE:** *Lynn B. [Signature]* Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 27, 06* (813) 684-1654  
Date Daytime Phone #