

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 790791

FILED
Jan 13, 2009
Secretary of State

Entity Name: FLORIDA CITRUS NURSERYMEN'S ASSOCIATION

Current Principal Place of Business:

2686 STATE RD 29 N
IFAS SOUTHWEST CENTER
IMMOKALEE, FL 341429515 US

New Principal Place of Business:

Current Mailing Address:

2686 STATE RD 29 N
IMMOKALEE, FL 341429515 US

New Mailing Address:

FEI Number: 59-1055188 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: ROBERT E. ROUSE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DILLEY, JIM
Address: PO BOX 1666
City-St-Zip: AVON PARK, FL 33825

Title: P () Delete
Name: JAMESON, NATE
Address: PO BOX 387
City-St-Zip: BALM, FL 33503

Title: S () Delete
Name: ROUSE, ROBERT,
Address: SWFREC 2686 HIGHWAY 29 NO
City-St-Zip: IMMOKALEE, FL 341429515

Title: T () Delete
Name: NOWLAND, RUTH
Address: PO BOX 782
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: REED, CHUCK
Address: PO BOX 1863
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: GLADDIS, CLIFF
Address: 30 HORN RD
City-St-Zip: VENUS, FL 33960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT E. ROUSE

RA

01/13/2009

Electronic Signature of Signing Officer or Director

Date