

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790791

FILED  
Mar 30, 2010  
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 ( )**

**Name and Address of Current Registered Agent:**

ROUSE, ROBERT E  
2686 STATE RD 29 N  
IFAS SOUTHWEST CENTER  
IMMOKALEE, FL 34143 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: V  
Name: DILLEY, JIM  
Address: PO BOX 1666  
City-St-Zip: AVON PARK, FL 33825

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

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

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

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

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

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: ROBERT E. ROUSE

S

03/30/2010

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

\_\_\_\_\_  
Date