2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2011
Secretary of State

DOCUMENT# 790791

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 RA 06/17/2011

Electronic Signature of Signing Officer or Director — Date