

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790817

FILED
Mar 19, 2008
Secretary of State

Entity Name: FLORIDA CITRUS PACKERS

Current Principal Place of Business:

302 S. MASSACHUSETTS AVENUE
P.O. BOX 1113
LAKELAND, FL 33802

New Principal Place of Business:

302 S. MASSACHUSETTS AVENUE
SUITE 203
LAKELAND, FL 33801

Current Mailing Address:

302 S. MASSACHUSETTS AVENUE
P.O. BOX 1113
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-0907251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINNEY, RICHARD
302 S MASS AVE
SUITE 203
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

KINNEY, RICHARD J
302 S MASS AVE
SUITE 203
LAKELAND, FL 33801 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: RICHARD J. KINNEY

03/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CROCKER, LES
Address: 3975 20TH ST, STE K
City-St-Zip: VERO BEACH, FL 32960

Title: VPD () Delete
Name: SALLIN, MICHAL
Address: 7836 CHERRY LAKE RD
City-St-Zip: GROVELAND, FL 34736

Title: STD () Delete
Name: MAULDEN, T. WAYNE SR
Address: P.O. BOX 1005
City-St-Zip: LAKE PLACID, FL 33862

Title: PD () Delete
Name: STREETMAN, GEORGE H
Address: PO BOX 880
City-St-Zip: VERO BEACH, FL 32961

Title: MD () Delete
Name: KINNEY, RICHARD J
Address: P.O. BOX 1113
City-St-Zip: LAKELAND, FL 338021113

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
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: RICHARD J. KINNEY

MD

03/19/2008

Electronic Signature of Signing Officer or Director

Date