

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790817

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: FLORIDA CITRUS PACKERS

**Current Principal Place of Business:**

302 S. MASSACHUSETTS AVENUE  
SUITE 203  
LAKELAND, FL 33801

**New Principal Place of Business:**

**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 J  
302 S MASS AVE  
SUITE 203  
LAKELAND, FL 33801 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: 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

01/15/2009

Electronic Signature of Signing Officer or Director

Date