


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 790931 1. Entity Name LAKE PLACID CITRUS COOPERATIVE	
--	---

Principal Place of Business 111 EAST PARK STREET LAKE PLACID, FL 33852 US	Mailing Address 111 EAST PARK STREET LAKE PLACID, FL 33852 US
---	---



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1109414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHERMAN, LISA 111 EAST PARK STREET LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000944761 05/29/08-80113-002 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMOAK, JOHN F III 1025 SR 17 NORTH LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES L. REYNOLDS, JR. 521 LAKE FRANCIS RD. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD M.C. WATTERS, JR. 2220 CR. 17 N. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRESSEL, RANDY 111 EAST PARK STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURRANCE, HORACE L 500 LOST LAKE DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: John R. Dressel Treas. 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #