2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 790931

Entity Name: LAKE PLACID CITRUS COOPERATIVE

Current Principal Place of Business:

111 EAST PARK STREET
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

111 EAST PARK STREET
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-1109414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERMAN, LISA
111 EAST PARK STREET
LAKE PLACID, FL 33852 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:	PD	( ) Delete
Name:	SMOAK, JOHN F III	
Address:	1025 SR 17 NORTH	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	SD	( ) Delete
Name:	CHARLES L. REYNOLDS, JR.	
Address:	521 LAKE FRANCIS RD.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VD	( ) Delete
Name:	M.C. WATTERS, JR.	
Address:	2220 CR. 17 N.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	TD	( ) Delete
Name:	DRESSEL, RANDY	
Address:	111 EAST PARK STREET	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VD	( ) Delete
Name:	DURRANCE, HORACE L	
Address:	500 LOST LAKE DR	
City-St-Zip:	LAKE PLACID, FL 33852	

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: JOHN F. SMOAK III PRES 04/30/2009

Electronic Signature of Signing Officer or Director Date