

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790983

FILED
Jun 16, 2005
Secretary of State

Entity Name: FLORIDA CITRUS EXCHANGE

Current Principal Place of Business:

1991 74TH AVENUE
VERO BEACH, FL 32966 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690152
VERO BEACH, FL 339690152 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACERA, STEPHANIE
1991 74 AVE
VERO BEACH, FL 32966 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MCEVOY, E. BRUCE
Address: 5340 E. HARBOR VILLAGE DR., #302
City-St-Zip: VERO BEACH, FL 34967

Title: VP () Delete
Name: MCCRANIE, JAMES B
Address: 2165 7TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: EDWARDS, RONALD
Address: 536 POINT LANE
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: SANDERS, CHARLES M JR
Address: 1485 50TH COURT
City-St-Zip: VERO BEACH, FL 32966

Title: PD () Delete
Name: FORT, RICHARD A JR
Address: 500 NE 5TH STREET
City-St-Zip: FORT MEADE, FL 33041

Title: D () Delete
Name: HUNT, FRANK M III
Address: 803 N. LAKESHORE BLVD.
City-St-Zip: LAKE WALES, FL 33853

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CORALEE PENABAD, AUTHORIZED REPRESENTATIVE MGR

06/16/2005

Electronic Signature of Signing Officer or Director

Date