


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000000652</b>	
1. Entity Name <b>INTERNATIONAL SOCIETY OF CITRICULTURE, INC.</b>	

Principal Place of Business <b>C/O L. GENE ALBRIGO 700 EXPERIMENT STATION RD LAKE ALFRED, FL 33850</b>	Mailing Address <b>C/O L. GENE ALBRIGO 700 EXPERIMENT STATION RD LAKE ALFRED, FL 33850</b>
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03042003 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-3038955</b>	Approved For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ALBRIGO, LEO GENE CITRUS RESEARCH AND EDUCATION CENTER 700 EXPERIMENT STATION RD. LAKE ALFRED, FL 33850</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Registered name of registered agent and the filer (if filer is not the registered agent) and the filer (if filer is not the registered agent)

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P ALBRIGO, LEO GENE 700 EXPERIMENT STATION RD LAKE ALFRED, FL 33850</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>ST LOVATT, CAROL J BOTANY &amp; PLANT SCIENCES DEPT. UNIV OF CA RIVERSIDE, CA 92521</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>AT BURNS, JACQUALINE 700 EXPERIMENT STATION ROAD LAKE ALFRED, FL 33850</b>
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05/12/04-80003-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

**SIGNATURE:** Leo Gene Albrigo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR