

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000000857

1. Entity Name  
IMG CITRUS COOPERATIVE, INC.



Principal Place of Business  
2600 45TH STREET  
VERO BEACH, FL 32967

Mailing Address  
2600 45TH STREET  
VERO BEACH, FL 32967



02242004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SALLIN, MELANIE  
2300 45TH STREET  
VERO BEACH, FL 32967

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U00000074851  
03/03/04-80035-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
D  
BARTON, ED  
STREET ADDRESS  
2600 45TH STREET  
CITY- ST- ZIP  
VERO BEACH, FL 32967

TITLE  
NAME  
D  
SALLIN, MELANIE  
STREET ADDRESS  
2600 45TH STREET  
CITY- ST- ZIP  
VERO BEACH, FL 32967

TITLE  
NAME  
D  
SALLIN, MICHEL A  
STREET ADDRESS  
7836 CHERRY LAKE ROAD  
CITY- ST- ZIP  
GROVELAND, FL 34736

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELANIE SALLIN

2/24/2004

772-216  
3255