

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90201 029 ****61.25

DOCUMENT # N02000001747

1. Entity Name
**FLORIDA CITRUS INDUSTRY RESEARCH
COORDINATING COUNCIL, INC.**



Principal Place of Business
**302 S. MASSACHUSETTS AVE.
LAKELAND, FL 33801**

Mailing Address
**P.O. BOX 89
LAKELAND, FL 33802**

60035096



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282008 Chg-NP CR2E037 (12/06)

4. FEI Number
71-0865097

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**METHENY, KEVIN E
302 S. MASSACHUSETTS AVE.
LAKELAND, FL 33801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
ANGLEA, TIM
2651 ORANGE AVE.
APOPKA, FL 327033345** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Fitch, Carson
1345 Industrial Park Rd
Mulberry, FL 33860** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCLURE, PETER
10410 BLUEFIELD ROAD
OKEECHOBEE, FL 34972** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Paul Genke
PO Box 1796A
Vt. Pierce, FL 34981** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
COLBERT, MARK
PO BOX 788
LABELLE, FL 33935** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
METHENY, KEVIN E
302 S. MASSACHUSETTS AVE.
LAKELAND, FL 338020089** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEADOR, PAUL
1331 COMMERCE DRIVE
LABELLE, FL 33935** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAFFNEY, KEVIN
20205 US HWY 27
LAKE WALES, FL 338533080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

Date

863/682-1111

Daytime Phone #