

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001747

FILED
Apr 21, 2009
Secretary of State

Entity Name: FLORIDA CITRUS INDUSTRY RESEARCH COORDINATING COUNCIL, INC.

Current Principal Place of Business:

302 S. MASSACHUSETTS AVE.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 89
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 71-0865097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METHENY, KEVIN E
302 S. MASSACHUSETTS AVE.
LAKELAND, FL 33801 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: PCD () Delete
Name: ANGLEA, TIM
Address: 2651 ORANGE AVE.
City-St-Zip: APOPKA, FL 327033345

Title: D () Delete
Name: MCCLURE, PETER
Address: 10410 BLUEFIELD ROAD
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD () Delete
Name: COLBERT, MARK
Address: PO BOX 788
City-St-Zip: LABELLE, FL 33935

Title: ATD (X) Delete
Name: METHENY, KEVIN E
Address: 302 S. MASSACHUSETTS AVE.
City-St-Zip: LAKELAND, FL 338020089

Title: D () Delete
Name: FUTCH, CARSON
Address: 1345 INDUSTRIAL PRK RD
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: GAFFNEY, KEVIN
Address: 20205 US HWY 27
City-St-Zip: LAKE WALES, FL 338533080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: TIM ANGLEA

C

04/21/2009

Electronic Signature of Signing Officer or Director

Date