


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90043 018 ****61.25

DOCUMENT # N11791	
1.. Entity Name	
GULF CITRUS GROWERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
255 S MAIN ST P.O. BOX 1319 LABELLE FL 33975 US	255 S MAIN ST P.O. BOX 1319 LABELLE FL 33975 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-2599005	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAMEL, RON 255 S MAIN ST LABELLE FL 33935		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW. FEE IS \$61.25
Due By May 1, 2006

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	T/D WHEELER, DAVID PO BOX 2715 LAKE PLACID FL 33862	TITLE	President Wheeler, David PO Box 2715 LAKE Placid FL 33862
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MD HAMEL, RON 255 S MAIN ST LABELLE FL 33935	TITLE	m/d Hamel, Ron PO Box 1319 Labelle, FL 33975
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD TIMPNER, WADE PO BOX 610 LABELLE FL 33975	TITLE	SD Timpner, Wade PO Box 610 Labelle, FL 33975
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD COLBERT, MARK PO BOX 788 LABELLE FL 33975	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P HELLER, BILLY PO BOX 866 PALMETTO FL 34220	TITLE	Director Walker, Callie PO Box 173 Labelle FL 33975
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D AUSTIN, GEORGE PO BOX 8 ALVA FL 33920	TITLE	T/D Couse, Miller PO Box 1237 Clewiston, FL 33440
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Wade M. Timpner WADE M. TIMPNER 2-6-06 863-675-7171