

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N11791

1. Entity Name

GULF CITRUS GROWERS ASSOCIATION, INC.



Principal Place of Business

255 S MAIN ST
P.O. BOX 1319
LABELLE FL 33975
US

Mailing Address

255 S MAIN ST
P.O. BOX 1319
LABELLE FL 33975
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2599005

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: P ☐ Delete
NAME: WHEELER, DAVID
STREET ADDRESS: PO BOX 2715
CITY-ST-ZIP: LAKE PLACID FL 33862

☐ Change ☐ Addition
U00000632355
02/21/07-80018-022 61.25

TITLE: MD ☐ Delete
NAME: HAMEL, RON
STREET ADDRESS: P.O. BOX 1319
CITY-ST-ZIP: LABELLE FL 33975

☐ Change ☐ Addition

TITLE: SD ☐ Delete
NAME: TIMPNER, WADE
STREET ADDRESS: PO BOX 610
CITY-ST-ZIP: LABELLE FL 33975

☐ Change ☐ Addition

TITLE: VD ☐ Delete
NAME: COLBERT, MARK
STREET ADDRESS: PO BOX 788
CITY-ST-ZIP: LABELLE FL 33975

☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: WALKER, CALLIE
STREET ADDRESS: P.O. BOX 173
CITY-ST-ZIP: LABELLE FL 33975

☐ Change ☐ Addition

TITLE: TD ☐ Delete
NAME: COUSE, MILLER
STREET ADDRESS: P.O. BOX 1237
CITY-ST-ZIP: CLEWISTON FL 33440

☐ Change ☐ Addition

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:

Callie Walker

Callie Walker

2/7/07

863-675-0224