2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11791

FILED Jan 18, 2012 Secretary of State

Entity Name: GULF CITRUS GROWERS ASSOCIATION, INC.

US

Current Principal Place of Business: New Principal Place of Business:

255 S MAIN ST 11741 PALM BEACH BLVD

LABELLE, FL 33935 US STE 202

FORT MYERS, FL 33905 US

Current Mailing Address: New Mailing Address:

11741 PALM BEACH BLVD PO BOX 1319 LABELLE, FL 33975

STE 202

FORT MYERS, FL 33905 US

FEI Number: 59-2599005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMEL, RON HAMEL, RON 11741 PALM BEACH BLVD 255 S MAIN ST

LABELLE, FL 33935 US STE 202 FORT MYERS, FL 33905 US

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: 01/18/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SOUD, CAREY Name: Address: 161 RIVERBEND DRIVE City-St-Zip: LABELLE, FL 33935

Title: MGRD Name: HAMEL, RON Address: P.O. BOX 1319 City-St-Zip: LABELLE, FL 33975

Title: SD

BOB, NEWSOME Name:

5072 ANNUNCIATION CIRCLE, #314 Address:

City-St-Zip: AVE MARIA, FL 34142

Title: PD

Name: SIMMONS, WAYNE 1600 HIGHWAY 29 SOUTH Address: City-St-Zip: LABELLE, FL 33935

Title:

WALKER, CALLIE Name: P.O. BOX 173 Address: LABELLE, FL 33975 City-St-Zip:

Title: VPD

COLBERT, MARK Name: Address: P.O. BOX 788 LABELLE, FL 33975 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: RON HAMEL **MGRD** 01/18/2012

Electronic Signature of Signing Officer or Director

Date