2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N14471

1. Entity Name
MID FLORIDA CITRUS FOUNDATION, INC.

Principal Place of Business	Mailing Address
%JOHN JACKSON 30205 STATE ROAD 19 TAVARES, FL 32778 US	%JOHN JACKSON 30205 STATE RD 19 TAVARES, FL 32778 US

DO NOT WRITE IN THIS SPACE

03262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2805357
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JOHN
30205 STATE RD 19
TAVARES, FL 32778

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HANSON, TOM
STREET ADDRESS	2524 LADY LAKE BLVD
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	SD
NAME	JACKSON, JOHN
STREET ADDRESS	30205 STATE RD 19
CITY-ST-ZIP	TAVARES, FL
TITLE	TD
NAME	BOYD, MAURICE M.
STREET ADDRESS	15400 OAKLAND AVE
CITY-ST-ZIP	OAKLAND, FL
TITLE	PD
NAME	ROSS, JACK
STREET ADDRESS	12525 WEST LAKE BUTLER DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/04-80024-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Maurice M. Boyd 4-6-04 (407)656-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #