

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22513**

1. Entity Name  
WEST LINE CITRUS GROWERS ASSOCIATION, INC.



Principal Place of Business

3180 NORTH KINGS HIGHWAY  
P.O. BOX 613  
FT. PIERCE, FL 34954

Mailing Address

3180 NORTH KINGS HIGHWAY  
P.O. BOX 613  
FT. PIERCE, FL 34954



02082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0017562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASSENS, STEVEN D.  
3180 NORTH KINGS HIGHWAY  
FT. PIERCE, FL 34954

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CASSENS, STEVEN  
STREET ADDRESS 1876 S. SHINN ROAD  
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE D  
NAME VARN, DONALD M  
STREET ADDRESS 3601 GORDY RD.  
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE STD  
NAME CASSENS, NORMA  
STREET ADDRESS 6043 TRAVLERS WAY  
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE VPD  
NAME PANTUSO, GEORGE T  
STREET ADDRESS 3500 SHINN RD.  
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

0000000646363  
03/05/07-80030-002: 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date

772-461-4615

Daytime Phone #