

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P CASSENS, STEVEN 1876 S. SHINN ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARN, DONALD M 3601 GORDY RD. FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASSENS, NORMA 6043 TRAVLERS WAY FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PANTUSO, GEORGE T 3500 SHINN RD. FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1000000646363
 03/06/07-80030-002: 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:  **2-14-07** **772-461-4615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #