

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22513

FILED
Apr 08, 2009
Secretary of State

Entity Name: WEST LINE CITRUS GROWERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3180 NORTH KINGS HIGHWAY
FT. PIERCE, FL 34951

Current Mailing Address:

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

New Mailing Address:

P O BOX 613
FT. PIERCE, FL 349540613

FEI Number: 65-0017562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASSENS, STEVEN
Address: 1876 S. SHINN ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: DVP () Delete
Name: VARN, DONALD M
Address: 3601 GORDY RD.
City-St-Zip: FORT PIERCE, FL 34945

Title: D () Delete
Name: NELSON, DAN
Address: 5006 OLEANDER AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: WYNNNE, MATTHEY
Address: 8000 S. US 1 #402
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: STD () Delete
Name: FORGET, COURTNEY L
Address: 5501 EAGLE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WYNNNE, MATTHEW
Address: 8000 S. US 1 #402
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN D CASSENS

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date