

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38096

FILED
Feb 25, 2008
Secretary of State

Entity Name: HIGHLANDS COUNTY CITRUS GROWERS ASSOCIATION, INC.

Current Principal Place of Business:

6419 US 27 SOUTH
SEBRING, FL 33876 US

New Principal Place of Business:

Current Mailing Address:

6419 US 27 SOUTH
SEBRING, FL 33876 US

New Mailing Address:

FEI Number: 59-3005931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, BERT J III
401 DAL HALL BLVD
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOSE, JOHN
Address: 7 LYKES ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD () Delete
Name: FORD, BOB
Address: 109 HUNTLEY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: OSBURN, ROBERT
Address: PO BOX 1005
City-St-Zip: LAKE PLACID, FL 33862

Title: SD () Delete
Name: CLINARD, JIM
Address: PO BOX 581
City-St-Zip: LAKE PLACID, FL 33862

Title: ED () Delete
Name: ROYCE, RAYMOND
Address: 6419 US HWY 27 SOUTH
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMOAK, MASON
Address: 1025 CR 17 NORTH
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD (X) Change () Addition
Name: BARBEN, BOBBY
Address: 21 E. PINE STREET
City-St-Zip: AVON PARK, FL 33825

Title: TD (X) Change () Addition
Name: MATTHEWS, CURT
Address: 1120 S. JEFFERSON AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: SD (X) Change () Addition
Name: STEPEHNS, WIN
Address: 2632 CHICAGO AVE.
City-St-Zip: SEBRING, FL 33870

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: RAYMOND ROYCE

ED

02/25/2008

Electronic Signature of Signing Officer or Director

Date