


FILE NOW: FILING FEE IS \$61.27

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N50011 (8) 1. Corporation Name THE FLORIDA CITRUS SHOWCASE FOUNDATION, INC.			
Principal Place of Business ATTN: JEANNE J. SNIVELY PO BOX 2008 AUBURDALE FL 33823		Mailing Address ATTN: JEANNE J. SNIVELY PO BOX 2008 AUBURDALE FL 33823	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/17/1992		4. FEI Number 59-3136992	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOINER, JAMES T 109 AVENUE A NW WINTER HAVEN FL 33881		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <u>James T. Joiner</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD <input checked="" type="checkbox"/> DELETE NAME BURKE, JOSEPH STREET ADDRESS 500 AVE RSW CITY-ST-ZIP WINTER HAVEN FL	1.1 TITLE PD 1.2 NAME W. Lindsay Raley 1.3 STREET ADDRESS 505 AVE A NW 1.4 CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> DELETE NAME DANTZLER, R. TODD STREET ADDRESS 2558 PARTRIDGE DR. CITY-ST-ZIP WINTER HAVEN FL	2.1 TITLE V 2.2 NAME Cindy W. Henry 2.3 STREET ADDRESS 70 Florida Citrus Blvd. 2.4 CITY-ST-ZIP Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE RAD <input type="checkbox"/> DELETE NAME JOINER, JAMES T. STREET ADDRESS 109 AVENUE A, NW CITY-ST-ZIP WINTER HAVEN FL	3.1 TITLE TD 3.2 NAME Bon R. Adams, Jr. 3.3 STREET ADDRESS 202 Security St 3.4 CITY-ST-ZIP Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V <input checked="" type="checkbox"/> DELETE NAME SNIVELY, JEANNE STREET ADDRESS 70 FLORIDA CITRUS BLVD CITY-ST-ZIP WINTER HAVEN FL 33880	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD <input type="checkbox"/> DELETE NAME HEMENWAY, RICK STREET ADDRESS P O DRAWER 1380 N/A CITY-ST-ZIP WINTER HAVEN FL	5.1 TITLE Executive Director 5.2 NAME Hemenway, Rick 5.3 STREET ADDRESS PO Box 2008 70 Florida Citrus Blvd 5.4 CITY-ST-ZIP Auburndale, FL 33823 Winter Haven FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD <input checked="" type="checkbox"/> DELETE NAME SPEAKER, BERNIE STREET ADDRESS 250 MAGNOLIA AVE SW CITY-ST-ZIP WINTER HAVEN FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A. Hemenway **941-967-3121**

CR2E037 (10/97)