

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50011

FILED
May 01, 2004
Secretary of State

Entity Name: THE FLORIDA CITRUS SHOWCASE FOUNDATION, INC.

Current Principal Place of Business:

100 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30
WINTER HAVEN, FL 338820030

New Mailing Address:

FEI Number: 59-3136992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOINER, JAMES T
109 AVENUE A NW
WINTER HAVEN, FL 33881 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: KILLEBREW, SAM T
Address: PO BOX 6258
City-St-Zip: LAKE LAND, FL 33801

Title: TD () Delete
Name: MCCOY, RODGER
Address: 110 WGTOW TOWER RD
City-St-Zip: POLK CITY, FL 33868

Title: SD () Delete
Name: ADAMS, MIKE
Address: PO BOX 1487
City-St-Zip: LAKE LAND, FL 33802

Title: ED () Delete
Name: FUQUA JR., BOBBY
Address: PO BOX 30
City-St-Zip: WINTER HAVEN, FL 33882

Title: DR () Delete
Name: ADAMS JR, BEN
Address: PO BOX 2239
City-St-Zip: WINTER HAVEN, FL 33883

Title: VP () Delete
Name: CHALKER, LORI
Address: PO BOX 7378
City-St-Zip: WINTER HAVEN, FL 33883

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOBBY FUQUA JR.

ED

05/01/2004

Electronic Signature of Signing Officer or Director

Date