

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002714

FILED
Mar 26, 2008
Secretary of State

Entity Name: PEACE RIVER VALLEY CITRUS GROWERS ASSOCIATION, INC.

Current Principal Place of Business:

10 EAST OAK ST
SUITE B
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

10 EAST OAK ST
SUITE B
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 65-0421330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATEMAN, HOWARD T MR.
2100 SE BIGHT HOUR GRADE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

TURNER, MALCOME MR.
10 EAST OAK STREET
B
ARCADIA, FL 34266 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: MALCOME TURNER

03/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BATEMAN, HOWARD T MR.
Address: 2100 SE BRIGHT HOUR ROAD
City-St-Zip: ARCADIA, FL 34266 US

Title: V/D () Delete
Name: TURNER, MALCOME MR.
Address: 2173 NE WASHINGTON STREET
City-St-Zip: ARCADIA, FL 34266 US

Title: T/D () Delete
Name: HOOPINGARNER, LOU MRS.
Address: 143 SOUTH OCEOLA AVENUE
City-St-Zip: ARCADIA, FL 34266 US

Title: D () Delete
Name: BREWER, LENORA MRS.
Address: 4501 SW WOOD STREET
City-St-Zip: ARCADIA, FL 34266 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: TURNER, MALCOME MR.
Address: 7400 NE ROAN STREET
City-St-Zip: ARCADIA, FL 34266 US

Title: V/D (X) Change () Addition
Name: SORRELLS, JUSTIN MR.
Address: P. O. BOX 551
City-St-Zip: ARCADIA, FL 34266 US

Title: T/D (X) Change () Addition
Name: BREWER, LENORA MRS.
Address: 4501 SW WOOD STREET
City-St-Zip: ARCADIA, FL 34266 US

Title: D (X) Change () Addition
Name: SANDERS, KEN MRS.
Address: P. O. BOX 1149
City-St-Zip: WAUCHULA, FL 33783 US

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: MALCOME TURNER

P/D

03/26/2008

Electronic Signature of Signing Officer or Director

Date