

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002714

FILED  
Feb 22, 2010  
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:**

SORRELLS, JUSTIN MR.  
10 EAST OAK STREET  
B  
ARCADIA, FL 34266 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: P/D  
Name: SORRELLS, JUSTIN MR.  
Address: 1615 FORD TERRACE  
City-St-Zip: ARCADIA, FL 34266 US

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

Title: T/D  
Name: BATEMAN, ROWDY MR.  
Address: 1114 SE LAKE BROWING GRADE  
City-St-Zip: ARCADIA, FL 34266 US

Title: D  
Name: SANDERS, KEN MR.  
Address: P. O. BOX 1149  
City-St-Zip: WAUCHULA, FL 33783 US

I hereby 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 all other like empowered.

SIGNATURE: JUSTIN SORRELLS

PRES

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date