

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004179 1. Entity Name FLORIDA CITRUS MARKETERS COOPERATIVE, INC.	
--	---

Principal Place of Business 210 N 3RD AVE WAUCHULA, FL 33873	Mailing Address 210 N 3RD AVE WAUCHULA, FL 33873
--	--

DO NOT WRITE IN THIS SPACE



03102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0517170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KELLEY, ESTEL W
 131 WODEN WAY SE
 WINTER HAVEN, FL 33881

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KELLEY, ESTEL W.
STREET ADDRESS	131 WODEN WAY, SE
CITY - ST - ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	SASSER, ROBERT E
STREET ADDRESS	210 N 3RD AVE
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	GRIMES, TINA
STREET ADDRESS	210 N 3RD AVE
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000346232
 04/30/05-80068-004 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tina Grimes, Director* 4/21/05 865-781-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #