
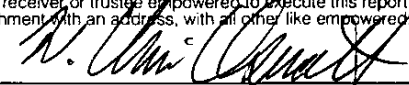


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90273 049 ****61.25

DOCUMENT # N95000001724					
1. Entity Name POLK COUNTY EXTENSION CITRUS ADVISORY COMMITTEE, INC.					
Principal Place of Business 1702 HIGHWAY 17 SOUTH BARTOW, FL 33830 US			Mailing Address P.O. BOX 9005 DRAWER HS03 BARTOW, FL 33831 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3311567	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OSWALT, CHRIS 1702 HIGHWAY 17 SOUTH BARTOW, FL 33830				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CPD	<input checked="" type="checkbox"/> Delete	TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, WILLIAM L		NAME	Clements, James	
STREET ADDRESS	P.O. BOX 909		STREET ADDRESS	PO Box 524	
CITY - ST - ZIP	DUNDEE, FL 33838		CITY - ST - ZIP	Bartow, FL 33831	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPDIKE, CLINT		NAME	Updike, Clint	
STREET ADDRESS	PO BOX 235		STREET ADDRESS	PO Box 1274	
CITY - ST - ZIP	EAGLE LAKE, FL 33839		CITY - ST - ZIP	Dundee, FL 33838	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, JAMES		NAME	Thomas, Kevin	
STREET ADDRESS	P.O. BOX 524		STREET ADDRESS	478 Terra Nova St.	
CITY - ST - ZIP	BARTOW, FL 33831		CITY - ST - ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  W. Chris Oswalt 1/10/06 (863) 519-8677					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

40000000



01052006 Chg-NP CR2E037 (11/05)