

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006974

FILED
Apr 26, 2007
Secretary of State

Entity Name: FLORIDA CITRUS HALL OF FAME, INCORPORATED

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: 59-3483292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOINER, JAMES T.
190 AVENUE A NW
WINTER HAVEN, FL 33880 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: D () Delete
Name: JOINER, JAMES T
Address: 190 AVENUE A, N.W.
City-St-Zip: WINTER HAVEN, FL 33882

Title: D () Delete
Name: MCCOY, RODGER
Address: 100 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: ADAMS, BEN JR
Address: 202 SECURITY SQUARE
City-St-Zip: WINTER HAVEN, FL 33880

Title: ED () Delete
Name: FUQUA, BOBBY E JR.
Address: 100 CYPRESS GARDENS BLVD. SW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GRAHAM, TERRY
Address: 100 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33880

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

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: BOBBY FUQUA JR.

ED

04/26/2007

Electronic Signature of Signing Officer or Director

Date