

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000350

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** CITRUS RESEARCH AND EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

700 EXPERIMENT STATION ROAD  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

700 EXPERIMENT STATION ROAD  
LAKE ALFRED, FL 33850

**New Mailing Address:**

**FEI Number:** 59-3571798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, JACQUELINE K PH.D.  
700 EXPERIMENT STATION ROAD  
LAKE ALFRED, FL 33850 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: DR.  
Name: MCLELLAN, MARK R  
Address: 1022 MCCARTY HALL  
City-St-Zip: GAINESVILLE, FL 32611

Title: DR.  
Name: FERRER, MILLIE  
Address: 1038 MCCARTY HALL  
City-St-Zip: GAINESVILLE, FL 32611

Title: P  
Name: HUNT, ELLIS JR  
Address: HUNT BROS.COOP POB 631  
City-St-Zip: LAKE WALES, FL 33859

Title: ED  
Name: JACQUELINE, BURNS K  
Address: 700 EXPERIMENT STATION RD  
City-St-Zip: LAKE ALFRED, FL 33850

Title: VP  
Name: SUTTON, BRENT  
Address: 312 N BUENA VISTA DR  
City-St-Zip: LAKE ALFRED, FL 33850

Title: ST  
Name: HART, TOM  
Address: 1657 CRUMP RD  
City-St-Zip: WINTER HAVEN, FL 33881

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: JACQUELINE K. BURNS

DR.

01/07/2010

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

\_\_\_\_\_  
Date