

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90030 041 \*\*\*\*61.25

DOCUMENT # N99000006111



1. Entity Name

GULF CITRUS GROWERS ASSOCIATION SCHOLARSHIP  
FOUNDATION, INC.

Principal Place of Business

255 SOUTH MAIN STREET  
LABELLE FL 33975

Mailing Address

P.O. BOX 1319  
LABELLE FL 33975

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

65-0965535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMEL, RON  
255 SOUTH MAIN STREET  
LABELLE FL 33935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME TODD, NORMAN  
STREET ADDRESS P O BOX 88  
CITY-ST-ZIP LABELLE FL 33975

TITLE PD ☐ Delete  
NAME WHEELER, DAVID  
STREET ADDRESS P.O. BOX 2715  
CITY-ST-ZIP LAKE PLACID FL 33862

TITLE TSD ☐ Delete  
NAME ENGLISH, JOSEPH  
STREET ADDRESS PO BOX 1020  
CITY-ST-ZIP FT. MYERS FL 33902

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Todd, Norman  
STREET ADDRESS Po Box 88  
CITY-ST-ZIP LaBelle, FL 33975

TITLE Director ☒ Change ☐ Addition  
NAME Wheeler, David  
STREET ADDRESS PO Box 2715  
CITY-ST-ZIP LAKE PLACID, FL 33862

TITLE VD ☐ Change ☒ Addition  
NAME Hoffman, John  
STREET ADDRESS 1320 North 15 St  
CITY-ST-ZIP Immokalee, FL 34142

TITLE Director ☐ Change ☒ Addition  
NAME Walker, Callie  
STREET ADDRESS P.O. Box 173  
CITY-ST-ZIP LaBelle, FL 33975

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joe English* Joe English 2/10/06 239-334-9191