

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

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**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

**HAMEL, RON
255 SOUTH MAIN STREET
LABELLE FL 33935**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 PD ☐ Delete
NAME TODD, NORMAN
STREET ADDRESS P O BOX 88
CITY-STATE-ZIP LABELLE FL 33975

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

TITLE TSD ☐ Delete
NAME ENGLISH, JOSEPH
STREET ADDRESS POB 1020
CITY-STATE-ZIP FORT MYERS FL 33902

TITLE VD ☐ Delete
NAME HOFFMAN, JOHN
STREET ADDRESS 1320 N 15TH ST
CITY-STATE-ZIP IMMOKALEE FL 34142

TITLE D ☐ Delete
NAME WALKER, CALLIE
STREET ADDRESS POB 173
CITY-STATE-ZIP LABELLE FL 33975

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

U000000628892
02/16/07-80033-025 61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Norman Todd NORMAN TODD (Pres) 2/6/07 863 675 2180