2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N99000006111

Entity Name: GULF CITRUS GROWERS ASSOCIATION SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

255 SOUTH MAIN STRET
LABELLE, FL 33975

New Principal Place of Business:

255 SOUTH MAIN STREET
LABELLE, FL 33935

Current Mailing Address:

P.O. BOX 1319
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-0965535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMEL, RON
255 SOUTH MAIN STREET
LABELLE, FL 33935 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: PD ( ) Delete
Name: TODD, NORMAN
Address: P O BOX 88
City-St-Zip: LABELLE, FL 33975

Title: D ( ) Delete
Name: WHEELER, DAVID
Address: P.O. BOX 2715
City-St-Zip: LAKE PLACID, FL 33862

Title: TSD ( ) Delete
Name: ENGLISH, JOSEPH
Address: POB 1020
City-St-Zip: FORT MYERS, FL 33902

Title: VD ( ) Delete
Name: HOFFMAN, JOHN
Address: 1320 N 15TH ST
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete
Name: WALKER, CALLIE
Address: POB 173
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TODD, NORMAN
Address: P O BOX 88
City-St-Zip: LABELLE, FL 33975

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

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

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

Title: PD (X) Change ( ) Addition
Name: WALKER, CALLIE
Address: POB 173
City-St-Zip: LABELLE, FL 33975

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: CALLIE WALKER PD 01/20/2009
Electronic Signature of Signing Officer or Director — Date