

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006111

FILED
Jan 25, 2011
Secretary of State

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

Current Principal Place of Business:

255 SOUTH MAIN STREET
LABELLE, FL 33935

New Principal Place of Business:

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: D
Name: TODD, NORMAN
Address: P O BOX 88
City-St-Zip: LABELLE, FL 33975

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

Title: TSD
Name: ENGLISH, JOSEPH
Address: P.O. BOX 1020
City-St-Zip: FORT MYERS, FL 33902

Title: VPD
Name: HOFFMAN, JOHN
Address: 1320 N 15TH ST
City-St-Zip: IMMOKALEE, FL 34142

Title: PD
Name: WALKER, CALLIE
Address: P.O. BOX 173
City-St-Zip: LABELLE, FL 33975

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: CALLIE WALKER

PD

01/25/2011

Electronic Signature of Signing Officer or Director

Date