2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006111

FILED Jan 18, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

255 SOUTH MAIN STREET 11741 PALM BEACH BLVD LABELLE, FL 33935

STE 202

FORT MYERS, FL 33905

Current Mailing Address: New Mailing Address:

P.O. BOX 1319 11741 PALM BEACH BLVD LABELLE, FL 33975 STE 202

FORT MYERS, FL 33905

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

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

HAMEL, RON HAMEL, RON 11741 PALM BEACH BLVD 255 SOUTH MAIN STREET

LABELLE, FL 33935 STE 202 FORT MYERS, FL, FL 33905 US

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: 01/18/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title:

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

Title: TSD

ENGLISH, JOSEPH Name: Address: P.O. BOX 1020

City-St-Zip: FORT MYERS, FL 33902

VPD Title:

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

Title: PD

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

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 01/18/2012