

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790106

**Entity Name:** INDIAN RIVER CITRUS LEAGUE, INC.**Current Principal Place of Business:**7925 20TH STREET  
VERO BCH, FL 32966**Current Mailing Address:**INDIAN RIVER CITRUS LEAGUE INC  
7925 20TH STREET  
VERO BCH, FL 32966 US**FEI Number:** 59-0594030**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOURNIQUE, DOUGLAS C.  
7925 20TH STREET  
VERO BEACH, FL 32966 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	KENNEDY, T.P.
Address	4310 77TH STREET
City-State-Zip:	VERO BEACH FL 32967

Title	DIRECTOR
Name	JOHNSON, SHERWOOD
Address	2650 S. KINGS HIGHWAY
City-State-Zip:	FT. PIERCE FL 34954

Title	SEC
Name	MICHAEL, GARAVAGLIA
Address	P. O. BOX 12969
City-State-Zip:	FT. PIERCE FL 34979

Title	DIRECTOR
Name	SMITH, TREY
Address	P. O. BOX 716
City-State-Zip:	VERO BEACH FL 32961

Title	DIRECTOR
Name	GRIFFIN, GREENE
Address	2075 38TH AVENUE
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	GEORGE, STREETMAN
Address	P. O. BOX 880
City-State-Zip:	VERO BEACH FL 32961

Title	VP
Name	LAMBETH, SCOTT
Address	P. O. BOX 2090
City-State-Zip:	VERO BEACH FL 32961

Title	DIRECTOR
Name	SALLIN, MICHEL
Address	7836 CHERRY LAKE ROAD
City-State-Zip:	GROVELAND FL 34736

*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:** T.P. KENNEDY**PRESIDENT****01/07/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date