

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790559

**Entity Name:** FLORIDA CITRUS MUTUAL, INC.

**Current Principal Place of Business:**

600 N BROADWAY AVE  
SUITE 101  
BARTOW, FL 33830

**FILED**  
**Feb 16, 2024**  
**Secretary of State**  
**0218997837CC**

**Current Mailing Address:**

P O BOX 1576  
BARTOW, FL 33831-1576 US

**FEI Number:** 59-0580477

**Certificate of Status Desired:** No

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

FLORIDA CITRUS MUTUAL INC.  
600 N BROADWAY AVE  
SUITE 101  
BARTOW, FL 33830 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:** KEVIN E METHENY

02/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            STORY, KYLE  
Address        P O BOX 1221  
City-State-Zip: LAKE WALES FL 33859

Title            DIRECTOR  
Name            DEVANE, KENNY  
Address        912 NE 9TH STREET  
City-State-Zip: FT MEADE FL 33841

Title            DIRECTOR  
Name            SORIA, WESTON  
Address        1192 NE LIVINGSTON LOOP ROAD  
City-State-Zip: ARCADIA FL 34266

Title            TREASURER, DIRECTOR  
Name            WHEELER, MARK  
Address        P O BOX 2715  
City-State-Zip: LAKE PLACID FL 33862

Title            CEO, EXECUTIVE VICE PRESIDENT  
Name            JOYNER, G MATHEW  
Address        600 N BROADWAY AVE  
                 SUITE 101  
City-State-Zip: BARTOW FL 33830

Title            ASSISTANT TREASURER  
Name            METHENY, KEVIN E  
Address        600 N BROADWAY AVE  
                 SUITE 101  
City-State-Zip: BARTOW FL 33830

Title            DIRECTOR  
Name            BLACK, LARRY  
Address        1860 PINNACLE DRIVE  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            BARBEN, JOHN  
Address        P O BOX 789  
City-State-Zip: AVON PARK FL 33826

**Continues on page 2**

*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:** KEVIN METHENY

ASST TREASURER

02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FREEMAN, RICHARD H  
Address 640 E PLANT STREET  
City-State-Zip: WINTER GARDEN FL 34787-3135

Title DIRECTOR  
Name MITCHELL, TOM  
Address P O BOX 39  
City-State-Zip: VERO BEACH FL 32961

Title VP - REGIONAL, DIRECTOR  
Name KOPPELMAN, KEVIN  
Address P O BOX 770249  
City-State-Zip: WINTER GARDEN FL 34777

Title VP - REGIONAL, DIRECTOR  
Name HAHN, PETER  
Address 3602 COLONIAL CT  
City-State-Zip: FT MYERS FL 33913

Title SECRETARY  
Name SNIVELY, JAMES  
Address 600 N BROADWAY AVE  
SUITE 101  
City-State-Zip: BARTOW FL 33830

Title DIRECTOR  
Name MOORE, CHRIS  
Address 10070 DANIELS INTERSTATE CT  
SUITE 100  
City-State-Zip: FT MYERS FL 33913

Title DIRECTOR  
Name HANCOCK, NED  
Address P O BOX 1419  
City-State-Zip: SEBRING FL 33871-1419

Title DIRECTOR  
Name HOWARD, DAVID  
Address 2770 INDIAN RIVER BLVD  
SUITE 201  
City-State-Zip: VERO BEACH FL 32960

Title VP - REGIONAL, DIRECTOR  
Name MEADOR, PAUL  
Address 1331 COMMERCE DRIVE  
City-State-Zip: LABELLE FL 33935

Title DIRECTOR  
Name RUSSELL, ANDY  
Address 109 ARRON DRIVE  
City-State-Zip: LAKE PLACID FL 33852

Title PAST PRESIDENT, DIRECTOR  
Name BECK, GLENN  
Address 12500 OVERSTREET ROAD  
City-State-Zip: WINDERMERE FL 34786

Title ASSISTANT SECRETARY  
Name BURNS, MELANIE W  
Address 600 N BROADWAY AVE  
SUITE 101  
City-State-Zip: BARTOW FL 33830

Title DIRECTOR  
Name SPINOSA, CHRISTIAN  
Address P O BOX 1400  
City-State-Zip: BARTOW FL 33831

Title DIRECTOR  
Name MYERS, CORBY  
Address P O BOX 1410  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name HOLLINGSWORTH, V C  
Address 5389 LILLY AVENUE  
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR  
Name SIMMONS, WAYNE  
Address P O BOX 2166  
City-State-Zip: LABELLE FL 33975