

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790559

Entity Name: FLORIDA CITRUS MUTUAL, INC.**Current Principal Place of Business:**411 E ORANGE STREET
LAKELAND, FL 33801-5054**Current Mailing Address:**411 E ORANGE STREET
LAKELAND, FL 33801-5054 US**FEI Number:** 59-0580477**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**METHENY, KEVIN E
411 E ORANGE STREET
LAKELAND, FL 33801-5054 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 PAST PRESIDENT
Name STORY, VICTORY JR
Address P O BOX 1063
City-State-Zip: BABSON PARK FL 33827

Title DIRECTOR
Name BYNUM, J K
Address 3775 20TH STREET
City-State-Zip: VERO BEACH FL 32960

Title TREASURER, DIRECTOR
Name BROADWAY, DENNIS P
Address #8 RAILROAD AVENUE
City-State-Zip: HAINES CITY FL 33844

Title CEO, EXECUTIVE VICE PRESIDENT
Name SPARKS, MICHAEL W
Address 411 E ORANGE STREET
City-State-Zip: LAKELAND FL 33801-5054

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

Title SECRETARY
Name SORRELLS, STEVE
Address 1192 NE LIVINGSTON STREET
City-State-Zip: ARCADIA FL 34266

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

Title ASSISTANT TREASURER
Name METHENY, KEVIN E
Address 411 E ORANGE STREET
City-State-Zip: LAKELAND FL 33801-5054

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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 E METHENY**ASST TREASURER****01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name BECKER, FRAN
Address 4104 HWY 72 NW
City-State-Zip: ARCADIA FL 34265

Title DIRECTOR
Name EVANS, DAVID
Address 110 E BROADWAY STREET
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name HAVERLOCK, LOUIS
Address 14848 BALM ROAD
City-State-Zip: BALM FL 33503

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

Title DIRECTOR
Name NEUKOM III, GEORGE A
Address 8341 FT KING ROAD
City-State-Zip: ZEPHYRILLS FL 33541

Title DIRECTOR
Name WILSON, CHARLIE
Address P O BOX 2290
City-State-Zip: LAKE PLACID FL 33862

Title REGIONAL VP, DIRECTOR
Name JOHNSON, STEVE
Address P O BOX 277
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR
Name BATTAGLIA, ROBERT E
Address 221 S KNOWLES AVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name BEER, BRYAN
Address 5998 SEARS ROAD
City-State-Zip: LABELLE FL 33975

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

Title DIRECTOR
Name CLONTS, REX
Address P O BOX 622916
City-State-Zip: OVIDEO FL 32762-2916

Title REGIONAL VP, DIRECTOR
Name MONROE, MICHAEL
Address 7735 COUNTY ROAD 512
City-State-Zip: FELLSMERE FL 32948

Title DIRECTOR
Name SMITH, TREY
Address 4776 OLD DIXIE HIGHWAY
City-State-Zip: VERO BEACH FL 32967