

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004057

Entity Name: CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC.**Current Principal Place of Business:**700 EXPERIMENT STATION ROAD
LAKE ALFRED, FL 33850**Current Mailing Address:**700 EXPERIMENT STATION ROAD
LAKE ALFRED, FL 33850**FEI Number:** 26-4825142**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FORD, MICHAEL W
ROOM 123, TIGERT HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611-3125 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	HOWARD, DAVID
Address	700 EXPERIMENT STATION ROAD
City-State-Zip:	LAKE ALFRED FL 33850

Title	VP
Name	ATCHLEY, ROB
Address	700 EXPERIMENT STATION ROAD
City-State-Zip:	LAKE ALFRED FL 33850

Title	COO
Name	DANTZLER, RICHARD E.
Address	700 EXPERIMENT STATION ROAD
City-State-Zip:	LAKE ALFRED FL 33850

Title	TREASURER
Name	MAHAN, RON
Address	700 EXPERIMENT STATION ROAD
City-State-Zip:	LAKE ALFRED FL 33850

Title	SECRETARY
Name	UPDIKE, JOHN JR.
Address	700 EXPERIMENT STATION ROAD
City-State-Zip:	LAKE ALFRED FL 33850

Title	OFFICE MANAGER
Name	NOWICKI, AUDREY ANN
Address	700 EXPERIMENT STATION ROAD
City-State-Zip:	LAKE ALFRED FL 33850

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: AUDREY A NOWICKI

OFFICE MANAGER

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date