

**2013 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 MR.  
Name JERKINS, TOM PRES.  
Address 700 EXPERIMENT STATION ROAD  
City-State-Zip: LAKE ALFRED FL 33850

Title MR.  
Name KRESS, RICKE V.P.  
Address 700 EXPERIMENT STATION ROAD  
City-State-Zip: LAKE ALFRED FL 33850

Title DR.  
Name BROWNING, HAROLD WCOO  
Address 700 EXPERIMENT STATION ROAD  
City-State-Zip: LAKE ALFRED FL 33850

Title MRS.  
Name NOWICKI, AUDREY AOFC MGR  
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**

**01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date