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May 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000000975 (0)**

1. Corporation Name

GROWN IN THE USA COALITION, INC.



Principal Place of Business

Mailing Address

**4401 EAST COLONIAL DRIVE
ORLANDO FL 32814**

**POST OFFICE BOX 140155
ORLANDO FL 32814**

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

59-3418839

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STUART, MICHAEL J
4401 EAST COLONIAL DRIVE
ORLANDO FL 32814**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **STUART, MICHAEL J**
STREET ADDRESS **4401 EAST COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32814**

TITLE **D** ☐ DELETE

NAME **BUTLER, SCOTTIE J**
STREET ADDRESS **5700 SW 34TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32614-7030**

TITLE **D** ☐ DELETE

NAME **WHITE, LEONARD E**
STREET ADDRESS **310 SOUTHEAST FIRST STREET STE 1**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ DELETE

NAME **KIRBY, TOM**
STREET ADDRESS **1850 OLD DIXIE HIGHWAY**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **D** ☐ DELETE

NAME **RODRIGUEZ, J L**
STREET ADDRESS **1451 WEST CYPRESS CREEK ROAD STE 211**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309-1953**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael J. Stuart

4/30/98

CR2E037 (10/97)