

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90024 002 ****61.25

DOCUMENT # 720297

1. Entity Name
GROWTH PUBLISHING CO., INC.



Principal Place of Business

**18 LOOKOUT POINT RD
HULLS COVE, ME 04644 US**

Mailing Address

**PO BOX 205
HULLS COVE, ME 04644 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7126780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCARPACE, PHILIP
BOX 100267 UNIVER. OF FLORIDA
GAINESVILLE, FL 32610**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **HARRISON, PATRICIA J.**
STREET ADDRESS **18 LOOKOUT POINT RD**
CITY-ST-ZIP **HULLS COVE, ME 04644**

TITLE **VD** ☐ Delete
NAME **HERRING, SUSAN W.**
STREET ADDRESS **7557-35TH AVENUE, NE**
CITY-ST-ZIP **SEATTLE, WA 98115,**

TITLE **PD** ☐ Delete
NAME **HARRISON, DAVID E.**
STREET ADDRESS **JACKSON LAB 600 MAIN ST.**
CITY-ST-ZIP **BAR HARBOR, ME 04609**

TITLE **D** ☐ Delete
NAME **ELIAS, MERRILL F.**
STREET ADDRESS **BEECH HILL RD.**
CITY-ST-ZIP **SOMESVILLE, ME 04660**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS **40 BEECH HILL RD.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Patricia J. Harrison**

Patricia J. Harrison 3/10/07

"Patricia J. Harrison" <tricia.harrison@iax.org>