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FILED
May 12 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 # 840008 (7)

1. Corporation Name

GROWTH INSTITUTES, INC.



Principal Place of Business

Mailing Address

175 LOOKOUT PLACE
ATE. 101
MAITLAND FL 32751

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ATE. 101
MAITLAND FL 32751

3. Date Incorporated or Qualified

02/13/1978

4. FEI Number

23-7105937

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VON HILSHEIMER, GEORGE
100 W. TROTTERS DR.
MAITLAND FL 32751

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 VON HILSHEIMER, GEORGE
STREET ADDRESS 100 W. TROTTERS DR.
CITY-ST-ZIP MAITLAND FL 32751

1.1 TITLE ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME WARNER, JONNIE M
STREET ADDRESS 1105 CHICHESTER ST
CITY-ST-ZIP ORLANDO FL 32803

2.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME WOODWARD, JOHN
STREET ADDRESS 6097 CROSSBOW LANE
CITY-ST-ZIP PORT ORANGE FL 32124

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GILL, GREG
STREET ADDRESS 740 LINCOLN RD.
CITY-ST-ZIP DELAND FL 32724

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FRIEND, TOMM
STREET ADDRESS 2924 TURNBULL BAY RD.
CITY-ST-ZIP NEW SMYRNA FL 32168

5.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME MCCOY, ROBERT
STREET ADDRESS 549 TURNPIKE RD.
CITY-ST-ZIP GOLDEN VALLEY MN 55416

6.1 TITLE ☐ Change ☐ Addition

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:

Donna M. ...

4/29/98 (407) 444-6464

CR2E037 (10/97)