

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90003 011 \*\*\*\*61.25

**DOCUMENT # 840008**

1. Corporation Name

**GROWTH INSTITUTES, INC.**

Principal Place of Business

175 LOOKOUT PLACE  
ATE. 101  
MAITLAND FL 32751

Mailing Address

175 LOOKOUT PLACE  
ATE. 101  
MAITLAND FL 32751



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/13/1978

4. FEI Number

23-7105937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **VON HILSHEIMER, GEORGE**  
CITY-ST-ZIP **160 W. TROTTERS DR.**  
**MAITLAND FL 32751**

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **WARNER, JONNIE M**  
CITY-ST-ZIP **1105 CHICHESTER ST**  
**ORLANDO FL 32803**

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **GILL, GREG**  
CITY-ST-ZIP **740 LINCOLN RD.**  
**DELAND FL 32724**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **FRIEND, TOMM**  
CITY-ST-ZIP **2924 TURNBULL BAY RD.**  
**NEW SMYRNA FL 32168**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **MCCOY, ROBERT**  
CITY-ST-ZIP **549 TURNPIKE RD.**  
**GOLDEN VALLEY MN 55416**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)