

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90042 014 ****70.00

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1. Entity Name

I CAN GROW, INC.



Principal Place of Business

2035 PALMVIEW RD.
COTTONDALE FL 32431

Mailing Address

2035 PALMVIEW RD.
COTTONDALE FL 32431



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

4. FEI Number

59-3749335

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

HUTZEL, CHRISTOPHER J
2035 PALMVIEW RD.
COTTONDALE FL 32431

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

**FILE NOW: 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: D ☐ Delete
NAME: HUTZEL, GLENDA M EXEC.
STREET ADDRESS: 2035 PALMVIEW RD.
CITY-STATE-ZIP: COTTONDALE FL 32431

TITLE: D ☐ Delete
NAME: BIETENHOLZ, VIRGINIA
STREET ADDRESS: 16651 S.E RIVER STREET
CITY-STATE-ZIP: BLOUNTSTOWN FL 32424

TITLE: D ☐ Delete
NAME: HOUGHLAND, PATTY
STREET ADDRESS: 7020 N. BLUE ANGEL PKWY
CITY-STATE-ZIP: PENSACOLA FL 32526

TITLE: D ☒ Delete
NAME: SYLVESTER, RUBY
STREET ADDRESS: 4324 FOREHAND LANE
CITY-STATE-ZIP: MARIANNA FL 32448

TITLE: D ☐ Delete
NAME: NELSON, CHERYL E
STREET ADDRESS: 4374 WILTON STREET
CITY-STATE-ZIP: MARIANNA FL 32446

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☒ Addition
NAME: Oswald, Diane
STREET ADDRESS: 3205 Fifth Street
CITY-STATE-ZIP: Marianna, FL 32446

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Glenda M. Hutzel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 (850)352-4879
Date Daytime Phone #