

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N04537** (9)

1. Corporation Name

**GROWING TOGETHER, INC.**



Principal Place of Business

Mailing Address

1000 LAKE AVENUE  
LAKE WORTH FL 33460  
US

1000 LAKE AVENUE  
LAKE WORTH FL 33460  
US

3. Date Incorporated or Qualified

08/03/1984

3a. Date of Last Report

04/11/1995

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

4. FEI Number

59-2466094

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENDORF, CARL  
19 CARRICK ROAD  
PALM BEACH GARDENS FL 33418

81 Name **SALLY GATES**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2011 20TH LANE**

83

84 City **PALM BEACH GARDENS**

FL

85 Zip Code  
**33418**

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

*Sally Gates, Pres.*  
Signature: typed or printed name of registered agent and the individual (NOTE: Registered Agent signature required when reinstating)

**SALLY GATES**

7/27/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **ENDORF, CARL**  
CITY-ST-ZIP **19 CARRICK ROAD**  
**PALM BEACH GARDENS FL**

TITLE ☒ DELETE  
NAME **VD**  
STREET ADDRESS **GAUGER, MIKE**  
CITY-ST-ZIP **10361 OLIVER LANE**  
**W. PALM BCH. FL**

TITLE ☒ DELETE  
NAME **VD**  
STREET ADDRESS **MURPHY, DENIS (M.D.)**  
CITY-ST-ZIP **1553 POINT WAY**  
**N. PALM BCH. FL**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **WARING, LEE**  
CITY-ST-ZIP **112 COLONY WAY E.**  
**JUPITER FL**

TITLE ☒ DELETE  
NAME **SD**  
STREET ADDRESS **GATES, SALLY**  
CITY-ST-ZIP **2011 20TH LANE**  
**PALM BCH GRDNS FL**

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

PD

**SALLY GATES**

**2011 20TH LANE**

**PALM BEACH GARDENS, FL. 33418**

VD

**JUDY DUXBURY**

**12142 S.E. HECKLER DRIVE**

**HOBE SOUND, FL. 33455**

VD

**JACK CASEY**

**228 SEABRAZE AVENUE**

**PALM BEACH, FL. 33480**

SD

**NEIL BUERCKHOLTZ**

**301 E. BOCA RATON ROAD**

**BOCA RATON, FL. 33432**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Sally Gates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/96  
Date

407-626-9702  
Daytime Phone #