

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90011 020 ****61.25

DOCUMENT # N04537

1. Entity Name
GROWING TOGETHER, INC.



Principal Place of Business
1000 LAKE AVENUE
LAKE WORTH, FL 33460 US

Mailing Address
1000 LAKE AVENUE
LAKE WORTH, FL 33460 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2466094

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, MARY B
2123 SW 21ST STREET
OKEECHOBEE, FL 34974

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 September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME COOPER, MARY BETH
STREET ADDRESS 2123 SW 21 STREET
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE PSD ☒ Change ☐ Addition
NAME Cooper, Mary Beth
STREET ADDRESS 2123 SW 21 Street
CITY-ST-ZIP Okeechobee, FL 34974

TITLE VPDD ☒ Delete
NAME SKEWES, GARY
STREET ADDRESS 138 BARNSTABLE CIRCLE
CITY-ST-ZIP WELLINGTON, FL 33408

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

TITLE TD ☐ Delete
NAME BECKMAN, ART
STREET ADDRESS 159 HAMPTON CIRCLE
CITY-ST-ZIP JUPITER, FL 33458

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

TITLE SD ☒ Delete
NAME TAYLOR, MEG
STREET ADDRESS 1527 LANCE ROAD
CITY-ST-ZIP JUPITER, FL 33469

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

TITLE VPOD ☐ Delete
NAME MENTSER, ALAN
STREET ADDRESS 1400 ALLENDALE ROAD # 1
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VPO VPD D ☒ Change ☐ Addition
NAME Mentser, Alan
STREET ADDRESS 409 35th Street
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ Delete
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 exemption stated in Section 119.07(3)(i), 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:

Mary Beth Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Beth Cooper

7/1/2004

Date

Daytime Phone #