

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008623

FILED
Jan 24, 2011
Secretary of State

Entity Name: AMERICAN COUNCIL FOR MEDICINALLY ACTIVE PLANTS, INC.

Current Principal Place of Business:

3005 KNOX MCRAE DRIVE
C/O DR. GARY W. STUTTE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3005 KNOX MCRAE DRIVE
P.O. BOX 1761
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 27-0651663 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STUTTE, GARY W
3005 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: YADAV, ANAND DR
Address: FORT VALLEY STATE UNIVERSITY
City-St-Zip: FORT VALLEY, GA 31030

Title: VP
Name: AGNES, RIMANDO DR
Address: USDA ARS NCNPR
City-St-Zip: UNIVERSITY, MS 38677

Title: SEC
Name: MEDINA-BOLIVAR, FABRICIO DR
Address: ARKANSAS STATE UNIVERSITY
City-St-Zip: STATE UNIVERSITY, AR 72467

Title: TREA
Name: STIFF, CAROL M DR
Address: KITCHEN CULTURE KITS
City-St-Zip: MILTON, WI 53563

Title: EO
Name: STUTTE, GARY W DR
Address: 3005 KNOX MCRAE
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY STUTTE

DR

01/24/2011

Electronic Signature of Signing Officer or Director

Date