

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008623

FILED  
Jan 25, 2012  
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:** RIMANDO, AGNES DR  
**Address:** USDA ARS NCNPR  
**City-St-Zip:** UNIVERSITY, MS 38677

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

**Title:** SEC  
**Name:** ADELBERG, JEFF DR  
**Address:** CLEMSON UNIVERSITY  
**City-St-Zip:** CLEMSON, SC 29634

**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:** DR GARY STUTTE

EO

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date