

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90053 037 ****61.25

DOCUMENT # N96000000975

1. Entity Name
GROWN IN THE USA COALITION, INC.



Principal Place of Business
**4401 EAST COLONIAL DRIVE
ORLANDO, FL 32814**

Mailing Address
**POST OFFICE BOX 140155
ORLANDO, FL 32814**

J4014007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3418839

Applied For
Not Applicable

Zip
32803

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

**STUART, MICHAEL J
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32814**

Name
RAY GILMER

Street Address (P.O. Box Number is Not Acceptable)

4401 EAST COLONIAL DRIVE

City
ORLANDO

FL Zip Code
32803

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 May 1, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STUART, MICHAEL J
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32814** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAY GILMER
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32803** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUTLER, SCOTTIE J
5700 SW 34TH STREET
GAINESVILLE, FL 326147030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REGGIE BROWN
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32803** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITE, LEONARD E
310 SOUTHEAST FIRST STREET STE 1
DELRAY BEACH, FL 33483** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEWANNA CARUSO
13121 NORTH MILITARY TRAIL
DELRAY BEACH, FL 33484** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIRBY, TOM
1850 OLD DIXIE HIGHWAY
HOMESTEAD, FL 33033** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, J L
1451 WEST CYPRESS CREEK ROAD STE 211
FORT LAUDERDALE, FL 333091953** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, J L
1451 WEST CYPRESS CREEK ROAD STE 211
FORT LAUDERDALE, FL 333091953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, J L
1451 WEST CYPRESS CREEK ROAD STE 211
FORT LAUDERDALE, FL 333091953** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, J L
1451 WEST CYPRESS CREEK ROAD STE 211
FORT LAUDERDALE, FL 333091953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, J L
1451 WEST CYPRESS CREEK ROAD STE 211
FORT LAUDERDALE, FL 333091953** ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-04

407-894-1351