

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000975**

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



Principal Place of Business  
**800 TRAFALGAR COURT  
SUITE 200  
MAITLAND, FL 32751**

Mailing Address  
**P.O. BOX 948153  
MAITLAND, FL 32794**



04072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3418839**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROWN, REGGIE  
800 TRAFALGAR COURT  
SUITE 300  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BUTLER, SCOTTIE J
STREET ADDRESS	5700 SW 34TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 326147030
TITLE	D
NAME	BROWN, REGGIE
STREET ADDRESS	800 TRAFALGAR CT., STE. 300
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	CARUSO, LEWANNA
STREET ADDRESS	13121 NORTH MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	RODRIGUEZ, J L
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD STE 211
CITY-ST-ZIP	FORT LAUDERDALE, FL 333091953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000897393  
04/25/08-80046-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**Reggie Brown**

**04/11/08**

Date

**(407) 660-1949**

Daytime Phone #