

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90036 032 \*\*\*\*61.25

**DOCUMENT # N99000006169**

1. Entity Name  
GROWINGCONCERNS FOUNDATION, INC.



Principal Place of Business  
17819 LAKE ESTATES DR  
BOCA RATON, FL 33496 US

Mailing Address  
5933 W HILLBORO BLVD  
212  
~~POMPANO BEACH~~ FL 33067 US

54015519



2. Principal Place of Business

3. Mailing Address

5933 W. Hillboro Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#212

03042004

Chg-NP

CR2E037 (10/03)

City & State

City & State

Parkland, Florida

4. FEI Number

65-0961260

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

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

MAYER, LOTHAR L  
17819 LAKE ESTATES DRIVE  
BOCA RATON, FL 33496

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 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 D ☐ Delete  
NAME MAYER, LOTHAR L  
STREET ADDRESS 17819 LAKE ESTATES DR  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☒ Change ☐ Addition  
NAME 17819 Lake Estates Dr.  
STREET ADDRESS Boca Raton Fl. 33496  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MAYER, CARLYN  
STREET ADDRESS 17819 LAKE ESTATES DR  
CITY-ST-ZIP BOCA RATON, FL 33496

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

TITLE D ☐ Delete  
NAME MAYER, SIMONE  
STREET ADDRESS 1000 N.E. 86TH STREET  
CITY-ST-ZIP MIAMI, FL 33138

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

TITLE D ☐ Delete  
NAME MAYER, ROBERT  
STREET ADDRESS 390 SE MIENER BLVD 1814  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☒ Change ☐ Addition  
NAME 111 SE 8th Ave. #1402  
STREET ADDRESS Ft. Lauderdale, FL 33301  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MAYER, NICOLETTE  
STREET ADDRESS 17206 COURTLAND LANE  
CITY-ST-ZIP BOCA RATON, FL 33496

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

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/04 561-420-0196