

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008623

FILED
Jan 19, 2014
Secretary of State
CC8892890755

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

Current Mailing Address:

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

FEI Number: 27-0651663

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title PRES
Name MEDINA-BOLIVAR, FABRICIO DR
Address ARKANSAS STATE UNIVERSITY
City-State-Zip: JONESBORO AR 72467

Title VP
Name ADELBERG, JEFF DR.
Address CLEMSON UNIVERSITY
City-State-Zip: CLEMSON SC 29634

Title SEC
Name MENTREDDY, RAO DR.
Address ALABAMA A&M UNIVERSITY
City-State-Zip: NORMAL AL 35762

Title TREA
Name STIFF, CAROL MDR
Address KITCHEN CULTURE KITS
City-State-Zip: MILTON WI 53563

Title EO
Name STUTTE, GARY WDR
Address 3005 KNOX MCRAE
City-State-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 W STUTTE, PHD

EXECUTIVE DIRECTOR

01/19/2014

Electronic Signature of Signing Officer/Director Detail

Date