

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008623

Entity Name: AMERICAN COUNCIL FOR MEDICINALLY ACTIVE PLANTS, INC.

FILED
Apr 10, 2022
Secretary of State
4644485494CC

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
C/O DR. GARY W. STUTTE
TITUSVILLE, FL 32780 US

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: GARY W STUTTE

04/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BASU, CHHANDAK PHD
Address CALIFORNIA STATE UNIVERSITY
City-State-Zip: NORTHRIDGE CA 91330

Title TREASURER
Name LEE, SUN-OK PHD
Address UNIVERSITY OF ARKANSAS
City-State-Zip: FAYETTEVILLE AR 72701

Title EXECUTIVE DIRECTOR
Name MEDINA-BOLIVAR, FABRICIO PHD
Address ARKANSAS STATE UNIVERSITY
City-State-Zip: JONESBORO AR 72401

Title PRESIDENT
Name LEVENSON, ANAIT S. DR.
Address LONG ISLAND UNIVERSITY
City-State-Zip: BROOKVILLE NY 11548

Title VP
Name KELLOGG, JOSHUA PHD
Address PENNSYLVANIA STATE UNIVERSITY
City-State-Zip: STATE COLLEGE PA 16801

Title MEMBER AT LARGE
Name JOSHEE, NIRMAL PHD
Address FORT VALLEY STATE UNIVERSITY
City-State-Zip: FORT VALLLEY GA 31030

Title MEMBER AT LARGE
Name ARUN, ALOK PHD
Address INTER AMERICAN UNIVERSITY OF
PUERTO RICO
City-State-Zip: BARRANQUITAS, PUERTO RICO OC
00794

Title MEMBER AT LARGE
Name DOSEFF, ANDREA PHD
Address MICHIGAN STATE UNIVERSITY
City-State-Zip: EAST LANSING MI 48824

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: FABRICIO MEDINA-BOLIVAR

EXECUTIVE DIRECTOR

04/10/2022

Electronic Signature of Signing Officer/Director Detail

Date