

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008623

**FILED**  
**Mar 07, 2019**  
**Secretary of State**  
**5466684360CC**

**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  
TITUSVILLE, FL, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ADELBERG, JEFFREY DR.  
Address        CLEMSON UNIVERSITY  
City-State-Zip: CLEMSON SC 35762

Title            VP  
Name            JOSHEE, NIRMAL DR.  
Address        FORT VALLEY STATE UNIVERSITY  
City-State-Zip: FORT VALLEY GA 31030

Title            SECRETARY  
Name            KELLOGG, JOSHUA DR.  
Address        UNIVERSITY OF NORTH CAROLINA  
                  AT GREENSBORO  
City-State-Zip: GREENSBORO NC 27412

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

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

Title            MEMBER AT LARGE  
Name            LEVENSON, ANAIT DR.  
Address        UNIVERSITY OF LONG ISLAND  
City-State-Zip: BROOKLYN NY 11201

Title            MEMBER AT LARGE  
Name            HENDRICKSON, CHRISTOPHER DR.  
Address        NATIONAL UNIVERSITY  
City-State-Zip: LA JOLLA CA 92037

Title            MEMBER AT LARGE  
Name            SHETTY, KALIDAS DR.  
Address        NORTH DAKOTA STATE UNIVERSITY  
City-State-Zip: FARGO ND 58108

*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**

**03/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date