

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008623

**FILED**  
**May 02, 2020**  
**Secretary of State**  
**6004623655CC**

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

**FEI Number:** 27-0651663

**Certificate of Status Desired:** No

**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

05/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	KELLOGG, JOSHUA DR.
Address	3005 KNOX MCRAE DRIVE C/O DR. GARY W. STUTTE
City-State-Zip:	TITUSVILLE FL 32780
Title	EXECUTIVE DIRECTOR
Name	MEDINA-BOLIVAR, FABRICIO DR.
Address	3005 KNOX MCRAE DRIVE C/O DR. GARY W. STUTTE
City-State-Zip:	TITUSVILLE FL 32780
Title	VP
Name	MENTREDDY, SRINIVASA RAO
Address	3005 KNOX MCRAE DRIVE C/O DR. GARY W. STUTTE
City-State-Zip:	TITUSVILLE FL 32780

Title	TREASURER
Name	LEE, SUN-OK DR.
Address	3005 KNOX MCRAE DRIVE C/O DR. GARY W. STUTTE
City-State-Zip:	TITUSVILLE FL 32780
Title	PRESIDENT
Name	LEVENSON, ANAIT S. DR.
Address	3005 KNOX MCRAE DRIVE C/O DR. GARY W. STUTTE
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:** FABRICIO MEDINA-BOLIVAR

**DIRECTOR**

05/02/2020

Electronic Signature of Signing Officer/Director Detail

Date