

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008623

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC7225917892**

**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            MENTREDDY, RAO DR  
Address        ALABAMA A&M UNIVERSITY  
City-State-Zip:    NORMAL AL 35762

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

Title            VP  
Name            LEVENSON, ANAIT DR.  
Address        LONG ISLAND UNIVERSITY  
City-State-Zip:    BROOKLYN NY 11201

Title            TREA  
Name            STIFF, CAROL MDR  
Address        KITCHEN CULTURE KITS  
City-State-Zip:    BRUSHY PARK WA 98606

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 STUTTE

**EXECUTIVE DIRECTOR**

**03/10/2016**

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

\_\_\_\_\_  
Date