

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008623

FILED
Apr 30, 2023
Secretary of State
9084537009CC

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: 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

04/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DOSEFF, PH.D., ANDREA PHD
Address EAST LANSING
City-State-Zip: EAST LANSING MI 48824

Title TREASURER
Name LEE, PH.D., SUN-OK PHD
Address FAYETTEVILLE
City-State-Zip: FAYETTEVILLE AR 72701

Title EXECUTIVE DIRECTOR
Name MEDINA-BOLIVAR, PH.D., FABRICIO PHD
Address JONESBORO
City-State-Zip: JONESBORO AR 72401

Title PRESIDENT
Name JOSHEE, PH.D., NIRMAL DR.
Address FORT VALLEY
City-State-Zip: FORT VALLEY GA 31030

Title VP
Name KELLOGG, PH.D., JOSHUA PHD
Address STATE COLLEGE
City-State-Zip: STATE COLLEGE PA 16801

Title MEMBER-AT-LARGE
Name BASU, PH.D., CHANDDAK PHD
Address NORTHRIDGE
City-State-Zip: NORTHRIDGE CA 91330

Title MEMBER-AT-LARGE
Name ARUN, PH.D., ALOK PHD
Address BARRANQUITAS
City-State-Zip: BARRANQUITAS, PUERTO RICO OC 00794

Title MEMBER-AT-LARGE
Name JOHNSON, PH.D., JEREMY PHD
Address CHICAGO
City-State-Zip: CHICAGO IL 60607

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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, PH.D.

EXECUTIVE DIRECTOR

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ACMAP AMBASSADOR
Name SHERMAN, SAMANTHA
Address FORT VALLEY
City-State-Zip: FORT VALLEY GA 31030

Title ACMAP AMBASSADOR
Name MERCHANT, PH.D., EMILY
Address NEW BRUNSWICK
City-State-Zip: NEW BRUNSWICK NJ 08901