2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT Sep 26, 2006 DOCUMENT# N04537 Secretary of State Entity Name: GROWING TOGETHER, INC. **Current Principal Place of Business: New Principal Place of Business:**

RIVIERA BEACH, FL 33404 **Current Mailing Address:**

FEI Number: 59-2466094

New Mailing Address:

2129 NORTH CONGRESS AVENUE RIVIERA BEACH, FL 33404

2129 NORTH CONGRESS AVENUE

FEI Number Applied For ()

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLARD, PATRICIA S 1000 LAKE AVENUE LAKE WORTH, FL 33460 US

JORDYN REALTY 13833 WELLINGTON TRACE E4 #206 WELLINGTON, FL 33414 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: ED MULLER

09/26/2006

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition Name: KIEFER, JOHN MULLER ED Name: Address: 515 N. FLAGLER STE 700 Address: 2129 CONGRESS WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33404 Title: () Delete Title: (X) Change () Addition SUNSHINE, MARK Name: NELSON, DAVID Name: Address: 515 N. FLAGLER STE700 2129 CONGRESS Address: WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33404 Title: () Delete Title: (X) Change () Addition SKEWES, GARY Name: TERRANOVA, JOHN Name: Address: 1902 S. CLUB DRIVE Address 2129 CONGRESS City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33404 Title: () Delete Title: () Change (X) Addition Name: Name: SANDBERG, JAMES Address: Address: 2129 CONGRESS AVE City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33404 Title: () Delete Title: () Change (X) Addition Name: Name: ROSENWATER, BRUCE 2129 CONGRESS AVE

Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33404 Title: () Delete Title: () Change (X) Addition Name: Name:

SCARCELLA, NICOLAS Address: Address: 2129 CONGRESS AVE City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered

SIGNATURE:	ED MULLER	PRES	09/26/2006
	Electronic Signature of Signing Officer or Director		Dato

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 31, 2006 8:00 am Secretary of State

07-31-2006 90003 027 ****61.25 DOCUMENT # N04537 GROWING TOGETHER, INC. Principal Place of Business Mailing Address 2129 NORTH CONGRESS AVENUE 2129 NORTH CONGRESS AVENUE 50023424 RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 07192006 Chg-NP CR2E037 (4/06) City & State 4. FEI Number 59-2466094 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name! ALLARD, PATRICIA S 1000 LAKE AVENUE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33460 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Debete TITLE Change ☐ Addition KIEFER, JOHN NAME STREET ADDRESS 515 N. FLAGLER STE 700 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP Delete TITLE ☐ Change Addition SUNSHINE, MARK NAME NAME STREET ADDRESS 515 N. FLAGLER STE700 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Delete TITLE Change Addition SKEWES, GARY NAME STREET ADDRESS 1902 \$. CLUB DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this firing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes, I further certify that the information indicated on this report or supplemental report is gruefald accurate and that my 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 fusites employed to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if the province of the provin

SIGNATURE:

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

2095-NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04537 1. Entity Name GROWING TOGETHER, INC.				ll DIV	FILE SECRETARY ISION OF CO AUG -5	REGRATIONS	
Principal Place of Business 1000 LAKE AVENUE LAKE WORTH, FL 33460 US	Mailing Address 1000 LAKE AVENUE LAKE WORTH, FL 334	60 U:	S				
2. Principal Place of Business 2129 N. Congress Ave. Suite, Apt. #, etc.	3. Mailing Address 2129 N. Cong Suite, Apt. #, etc.	gress	Ave.	0700005	hg-NP	CR2E037 (10/03)	
City & State Riviera Beach, FL	City & State Riviera Beac	h, F	L	4. FEI Number 59-246609	94		pplied For ot Applicable
Zip Country 33404 USA	Zip 33404	US	intry	5. Certificate of S	tatus Desired	\$8.75 Ad	ditional
6. Name and Address of Current				7. Name and Add	iress of New Re	<u> </u>	
ALLARD, PATRICIA S 1000 LAKE AVENUE LAKE WORTH, FL 33460			Name Street Address ((P.O. Box Number is	Not Acceptable)		
A			City			FL Zip Cod	
The above named entity submits this statement for the obligations of fed stared agent. SIGNATURE Signature, typed or printed name of registered agent. Signature typed or printed name of registered agent.	allaid	/	d office or register			da. I am Iamiliar with,	and accept
Amended AR is \$61.25	9. Election Can Trust Fund C	mpaign Fil Contributio	nancing on.	\$5.00 May Be Added to Fees		ke check payable t a Department of S	
10. OFFICERS AND DIF	RECTORS Delete	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10 Addition
NAME KIEFER, JOHN STREET ADDRESS 515 N. FLAGLER STE 700 CITY-ST-ZIP WEST PALM BEACH, FL 33401		HAME STREE	1	50 0 08/11/0	00584 501050-	.266:35 022 **61.	
NAME SUNSHINE, MARK STREET ADDRESS 515 N. FLAGLER STE700 CITY-ST-ZIP WEST PALM BEACH, FL 33401	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
TITLE VP NAME SKEWES, GARY STREET ADDRESS 1902 S. CLUB DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET CITY-S	T ADORESS			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. Dekete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	T ADORESS ST-ZIP	Andrew Construction and Andrew		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET CITY-S	ADORESS it-zip			☐ Change	Addition
12. I hereby certify that the Information supplied with indicated on this report or supplemental riport is of the corporation or the receiver or fustee emporchanged, or on an attachment with an obliges, w				ame legal effect as if , Florida Statutes; and	made under oat d that my name a	h; that I am an officer: ppears in Block 10 or 567 -	or director Block 11 if
SIGNATURE: (A) (A)	ON SIGNED OFFICER O	wi	ex		0-2-05	882-24	24

2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State
01 21 2005 2005 4 01 4 *****

01-31-2005 90054 014 ****70.00 DOCUMENT # N04537 Entity Name
 GROWING TOGETHER, INC. 40008837 Principal Place of Business Mailing Address 1000 LAKE AVENUE 1000 LAKE AVENUE LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. 01102005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2466094 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{X} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Patricia S. Allard COOPER, MARY B **2123 SW 21ST STREET** Street Address (P.O. Box Number is Not Acceptable) OKEECHOBEE, FL 34974 Zip Code 33460 Lake Worth 8. The above name enfity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations istered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE President ☐ Change X Addition COOPER, MARY BETH NAME NAME John Kiefer STREET ADDRESS 2123 SW 21 STREET STREET ADDRESS 515 N. Flagler Ste. 700 OKEECHOBEE, FL 34974 CITY-ST-ZIP CITY-ST-70P West Palm Beach, FL 33401 TD TITLE Delete Addition Change Treasurer BECKMAN, ART NAME HAME Mark Sunshine STREET ADDRESS 159 HAMPTON CIRCLE STREET ADDRESS 515 N. Flagler Ste 700 CITY-ST-78P JUPITER, FL 33458 CITY-ST-ZIP West Palm Beach, FL 33401 Change VOVD TITLE Delete TITLE MENTSER, ALAN NAME NAME STREET ADDRESS 409 35TH STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE Delate TITLE VP of Development Change Addition NAME Gary Skewes STREET ADDRESS STREET ADDRESS 1902 S. Club Drive CITY-ST-ZIP CITY-SI-7P Wellington, FL 33414 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TIRE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-ZP CITY-ST-71P I hereby certify that the information sy indicated on this report or supplement of the corporation or the receivenor to Applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information had report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director justee empowered to exempte this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an a

SIGNATURE:

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2004 8:00 am Secretary of State

Entity Nam GROWIN - Principal Place	IG TOGETHER, INC.	Mailing Address				07-12-2	004 9001		
1000 LAKE / LAKE WORTH	avenue 1, FL 33460 US	1000 LAKE AVENUE LAKE WORTH, FL 33460	o us					11 11 11	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06302004	Chg-NP	CR2E03	7 (10/03)	
City & Stat		City & State			4. FEI Number 59-2466	094		No	plied For at Applicable
Zlp	Country	Zip	Country		5. Certificate of		u p	8.75 Add ee Require	
	6. Name and Address of Current I	Registered Agent	• • • • • • • • • • • • • • • • • • •		7. Name and A	ddress of New R	legistered A	gent	
	MARY B 21ST STREET: DBEE, FL 34974		Name Street	Address (I	P.O. Box Number	is Not Acceptable	e)		
			City	***************************************			FL	Zip Code	e
	named entity submits this statement for tions of registered agent	the purpose of changing its re	egistered office o	or register	ed agent, or both,	in the State of Fk	orida. I am fa	amiliar with,	and accept
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signs	ture required	when reinstating)		DATE		
D	Filing Fee is \$61.25 ue by September 8, 2004	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		lake check rida Departi		
D 10.	ue by September 8, 2004 OFFICERS AND DIR	Trust Fund Co		f	\$5.00 May Be Added to Fees	Flor	rida Depart	ment of St	ate
	ue by September 8, 2004	Trust Fund Co	entribution.	PSD Coo 212	Added to Fees	Flor NGES TO OFFICE Beth treet	rida Departi	ment of St	ate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR	Trust Fund Co	TITLE NAME STREET ADDRESS	PSD Coo 212	Added to Fees DOITIONS/CHAP per, Mary 3 SW 21 S	Flor NGES TO OFFICE Beth treet	rida Departi	ment of SI ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR OFFICERS AND DIR PD COOPER, MARY BETH 2123 SW 21 STREET OKEECHOBEE, FL 34974 VPDD SKEWES, GARY 138 BARNSTABLE CIRCLE	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSD Coo 212	Added to Fees DOITIONS/CHAP per, Mary 3 SW 21 S	Flor NGES TO OFFICE Beth treet	RS AND DIR	ment of St ECTORS IN K Change	10 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIR OFFICERS AND DIR PD COOPER, MARY BETH 2123 SW 21 STREET OKEECHOBEE, FL 34974 VPDD SKEWES, GARY 138 BARNSTABLE CIRCLE WELLINGTON, FL 33408 TD BECKMAN, ART 159 HAMPTON CIRCLE	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD Coo 212	Added to Fees DOITIONS/CHAP per, Mary 3 SW 21 S	Flor NGES TO OFFICE Beth treet	RS AND DIR	ment of SI ECTORS IN Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR OFFICERS AND DIR PD COOPER, MARY BETH 2123 SW 21 STREET OKEECHOBEE, FL 34974 VPDD SKEWES, GARY 138 BARNSTABLE CIRCLE WELLINGTON, FL 33408 TD BECKMAN, ART 159 HAMPTON CIRCLE JUPITER, FL 33458 SD TAYLOR, MEG 1527 LANCE ROAD	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Coo 212 Oke	Added to Fees DOITIONS/CHAP per, Mary 3 SW 21 S	Flor	RS AND DIR	ment of SI ECTORS IN Change Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR OFFICERS AND DIR PD COOPER, MARY BETH 2123 SW 21 STREET OKEECHOBEE, FL 34974 VPDD SKEWES, GARY 138 BARNSTABLE CIRCLE WELLINGTON, FL 33408 TD BECKMAN, ART 159 HAMPTON CIRCLE JUPITER, FL 33458 SD TAYLOR, MEG 1527 LANCE ROAD JUPITER, FL 33469 VPOD MENTSER, ALAN 1400 ALLENDALE ROAD # 1	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Coo 212 Oke VPO Ment 409 West	Added to Fees DOUTIONS/CHAM per, Mary 3 SW 21 S echobee, VPD D ser, Alan 35th Stre Palm Bea	Flor NGES TO OFFICE Beth treet FL 34974	RS AND DIR	Ment of St ECTORS IN	Addition Addition Addition Addition Addition

12. I neeby Certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Man	Bite Cooper	·		7/	1/2004	
	BIGNATURE AND	TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO	* Mary	Beth	Cooper	Date	Daytime Phone #
		/					***************************************

Jan 22, 2003 8:00 am §

FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # N04537 1. Entity Name 1-22-2003 90158 004 ****61.25 GROWING TOGETHER, INC. Principal Place of Business Mailing Address 1000 LAKE AVENUE 1000 LAKE AVENUE 90007797 LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2466094 Applied For Not Applicable ZID Country \$8.75 Additional 5. Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, MARY B Street Address (P.O. Box Number is Not Acceptable) 2123 SW 21ST STREET OKEECHOBEE FL 34974 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITE Delete 7ITLE Addition ☐ Change COOPER, MARY BETH NAME STREET ADDRESS 2123 SW 21 STREET STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP TITLE **VPDD** ☐ Delete TITLE Change ☐ Addition NAME SKEWES, GARY STREET ADDRESS 138 BARNSTABLE CIRCLE STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33408** CITY-ST ZIP TITLE ☐ Delete TITLE Change ☐ Addition BECKMAN, ART NAME STREET ADDRESS 159 HAMPTON CIRCLE STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP SD. TITLE ☐ Delete TITLE ☐ Change Addition TAYLOR, MEG NAME STREET ADDRESS 1527 LANCE ROAD STREET ADDRESS CITY - ST-ZIP JUPITER FL 33469 CITY-ST-ZIP **VPOD** TITLE ☐ Delete TITLE Change ☐ Addition NAME MENTSER, ALAN NAME STREET ADDRESS 1400 ALLENDALE ROAD # 1 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	SIGNATU	JRE	REQU	JIRI
------------	---------	-----	------	------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 25, 2002 8:00 am Secretary of State **DOCUMENT # N04537** 1. Entity Name 09-25-2002 90123 006 ****61 25 GROWING TOGETHER, INC. Principal Place of Business Mailing Address TEK LAKE AVENUE 1000 LAKE AVENUE SASE WORTH FL 33460 LAKE WORTH FL 33460 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2466094 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARY BETH COOPERS-Street Address (P.O. Box Number is Not Acceptable) GATES, SALLY 2011 20TH LANE 2123 S.W. 21st STREET PALM BEACH GARDENS FL 33418 Zip Code 34974 OKEECHOBEE 8. 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. 9/9/02 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE Change ☐ Addition ☐ Defete NAME COOPER, MARY BETH NAME STREET ADDRESS STREET ADDRESS 2123 SW 21 STREET CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 **VPOD** 🗷 Delete TITLE TITLE Change ■ Addition UGOWSKI, MARK NAME NAME STREET ADDRESS STREET ADDRESS 707 BUOY ROAD CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP VPOD======= TIME Delété ☐ Change Addition NAME SKEWES, GARY NAME STREET ADDRESS 138 BARNSTABLE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33408 TITLE TD TD Delete TITLE ☐ Change Addition AKT BECKMAN COOPER, GEORGE NAME NAME 159 HAMPTON CIRCLE STREET ADDRESS 2123 SW 21 STREET STREET ADDRESS JUPITER, FI. 33458 CITY-ST-ZIP CITY-ST-7IP OKEECHOBEE FL 34974 TITLE SD ☐ Delete ☐ Change TITLE ☐ Addition NAME TAYLOR, MEG NAME STREET ADDRESS STREET ADDRESS 1527 LANCE ROAD CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 TITLE VPOD ☐ Delete TITLE ☐ Change ☐ Addition NAME ALAN MENTSER NAME 1400 ALLENDALE ROAD #1 STREET ADDRESS STREET ADDRESS W. P. B. , FL 33405

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CDY-ST-7P

BIGNARUES CTO

561-585-0892

(9/01)

2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # NO4537 05-16-2001 90267 050 ****61.25 1. Entity Name GROWING TOGETHER, INC. Principal Place of Business Mailing Address 1000 LAKE AVENUE 1000 LAKE AVENUE LAKE WORTH FL 33460 LAKE WORTH FL 33460 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2466094 Not Applicable Zlo Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) GATES, SALLY 2011 20TH LANE PALM BEACH GARDENS FL 33418 City Zip Code 8. 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 . Signeture, typed or printed name of registered agains and site if applicable. (NOTE: Registered Agent signature required when (emutating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Bo Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President MLE Deleta TITLE Ki Change Addition mary both Cooper 2123 SW 21 Street Skeechdoe F1 34974 Vice President Oper 1200 GATES, SALLY MME NUME STREET ADDRESS 2011 20TH LANE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY.ST.70 TITLE VD Deteta TILE Addition mark llaousk NAME DUXBURY, JUDY NAME STREET MANNES 212142-SE HECKLER-DRIVE ---STREET ADDRESS CITY-ST-ZIP CITY-ST-2W HOBE SOUND FL 33455 V.P. Developardy+ Sary Skewes 138 Cornstable (Delliman, F1 334) Delota TITLE VD. TITLE Change_ Addition COOPER, MARYBETH NAME STREET ADDRESS D 2123 SW 21 STREET STREET ADDRESS CIY-SI-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP Treasuler Change UTLE TD dE Delate TITLE Addition JOCHEM, JOHN eorge Cooper Street NAME NUME STREET ADDRESS 22 RIDGELAND DR STREET ADDRESS D CITY-ST-ZIP CITY-ST-ZP STUART FL 34996 Kecchobee MLE Delete TITLE ecretary Change Addition meg Taylor Road TAYLOR, MEG NAME NAME STREET ADDRESS 1527 LANCE RD STREET ADORESS 1527 CITY-ST-ZIP JUPITER FL 33469 CITY-ST-71P IIBE Delete TITLE ☐ Change Addition | HALFE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

12. Thereby carlify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A BOXOG TOTAL MANE OF BORROW OFFICER OR DESCRIPTION OF PROPERTY HAME OF BORROW OFFICER OR DESCRIPTION

5/4/01 (561) 585-0892

FILED Jun 15, 2001 8:00 am 2000 UNIFORM'BUSINESS REPORT (UBR)

FILED DOCUMENT # N04537 Mar 23, 2000 8:00 am 1. Entity Name Secretary of State GROWING TOGETHER, INC. 03-23-2000 90009 048 ****61.25 Principal Place of Business Mailing Address 1000 LAKE AVENUE 1000 LAKE AVENUE LAKE WORTH FL 33460 LAKE WORTH FL 33460-3710 C0043403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite! Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2466094 Not Applicable Zip \$8.75 Additional Country Zip Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GATES, SALLY 2011 20TH LANE PALM BEACH GARDENS FL 33418 City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE **Addition** ☐ Change cooper, mary Beth aras sw on Street NAME _____ GATES, SALLY NAME STREET ADDRESS 2011 20TH LANE STREET ADDRESS CITY-SY-ZIP CITY-ST-7IP olecchobee, FI 34974 PALM BEACH GARDENS FL-33418 TITLE Delete TITLE Change ☐ AddItion NAME DUXBURY, JUDY NAME STREET ADORESS 12142 SE HECKLER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 TITLE Delete ☐ Change Addition NAME RATUFF, MARY NAME STREET ADDRESS STREET ADDRESS 17364 BOCA CLUB BLVD. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 TITLE TD Delete TITLE ☐ Change ☐ Addition NAME JOCHEM, JOHN NAME STREET ADDRESS 22 RIDGELAND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 ☐ Delete Change TITLE ☐ Addition TAYLOR, MEG NAME NAME STREET ADDRESS STREET ADDRESS 1527 LANCE RD CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE (AUST) SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNAND OF FICER OR DIRECTOR FINANCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OF FICER OR DIRECTOR

CR2E037 (9/99)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 10, 1999 8:00 am § Secretary of State 05-10-1999 90105 048 ****61.25

DOCUMENT # N04537

1. Corporation Name

GROWING TOGETHER, INC.

Principal Place of Busin	١
1000 LAKE AVENUE	
LAKE WORTH FL 33460	

Mailing Address

1000 LAKE AVENUE LAKE WORTH FL 33460 US

|--|--|--|

	•		•									
2.	Principal P	face of Business	2a.	Mailing Address					3. Date incorporated or Qual	ifed		
21			26	-					08/03/1984			
1	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					4. FEI Number		Apr	plied For
22	, ,		27						59-2466094		No	t Applicable
	City & Stat	 							5. Certifcate of Status Desire	d 🗆	\$8.75 A	
23	Zip	Country Zip Co							6. Election Campaign Finance	ina	\$5.00	Nav. Da
	Zip'	25		2.10	30				Trust Fund Contribution	*'' ⁹ 🗀	Added to	, ,
24		9. Name and Address of Current	29	eced Acent	30	-T	-		10. Name and Address of Ne	w Registered		
		V. REDITE AND ACCUSES OF CURTER	Noyiet	orou report		81	Name				<u> </u>	
	gates, s					82	Street	Addres	ss (P.O. Box Number is Not Acc	eptable)		
	2011 20Th	I LANE				83	ļ					
1	Palm Bea	NCH GARDENS FL 33418				83						
						84	City			FL	85 Zip C	code
11	Pursuant	to the provisions of Sections 617.0502	and 61	7.1508, Florida Statut	es, the	above	-named	corpor	ation submits this statement for	the purpose of	changing its	registered
	office or n	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida	s. Such change was a	uthorize	d by	the corp	oration	's board of directors. I hereby a	ccept the appoi	ntment as reg	gistered (
r		in tamiliar with, and accept the obligati	Oris Cr.	3608011 0 17.0303, 1 10	i Nia Ola	iuios	•					
SI	GNATURE	Signature, typed or printed name of registered agent	and title if	applicable (NOTE	Registers	d Appr	4 signature	required w	when reinstating)	DATE		
12	•	OFFICERS ANI			13				ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	R\$ IN 12
m		PD		☐ DELETE	1,1 7	MLE		T			Change	Addition
NAM	i	GATES, SALLY				WE						
							ADDRESS					1
	EET ADORESS	2011 20TH LANE										ì
	(-ST-ZDP	PALM BEACH GARDENS FL 334	18	☐ DELETE	_	TTY-ST	-210	ļ			[] Change	Addition
m		VD		L. DELETE				ļ			(_) 0.45.30	
NAW	Œ	DUXBURY, JUDY				WÆ						
डास	EET ADDRESS	12142 SE HECKLER DRIVE			1		ADDRESS	1				1
	/-ST-ZIP	HOBE SOUND FL 33455				CTTY-S	T-ZIP				£7.0\	- CO Addition
TITL	E	VD		DELETE	3.1 1	me		VD			Change "	* Addition
NAM	Œ	CASSIDY, JACK			3.21	WWE		RA	LIFF. MARY 64 BOCA CLUB BLV]	_		
STR	EET ADDRESS	228 SEABREEZE AVENUE			3.3 8	TREET	ADDRESS	1.13	64 BOCK CTUB DIV	10.00		
an	-ST-ZIP	PALM BEACH FL 34480			3.4.	CITY-S	T- ZIP	1500	A RATON, FL. 33	ሃ 8 7		
TTTL	Ε	TD		☐ DELETE	4.11	TILE		1			Change	Addition
NAM	E	JOCHEM, JOHN			4.2	NAME						l
STR	EET ADDRESS	22 RIDGELAND DR			4.3 5	TREET	ADDRESS					
СПУ	-ST-ZIP	STUART FL 34996			4.4 0	TY-51	-ZIP					
m		SD		☐ DELETE	5.11	me		[[] Change	☐ Addition
NAN	E Ì	TAYLOR, MEG			521	IAME						
	EET ADDRESS	1527 LANCE RD			5.3 9	TREET	ADDRESS					
	-ST-ZIP	JUPITER FL 33469			5.40	TY-SI	- ZP					1
III.		VOLITIES VOTO		☐ DELETE	6.17	TILE					Change	Addition
NAN	_			_	6.2	ME						1
	EET ADDRESS				6.3.5	TREET	ADDRESS					ļ
					4	TY-ST						į.
	-ST-ZIP	ertify that the information supplied with	thie fitti	na does not qualify for				d in Sou	ction 119 07/3(ii) Florida Statut	es I further cen	lify that the in	Iformation
	indicated	on this annual report or supplemental:	annual r	eport is true and accu	rate and	d that	my sign	ature s	thall have the same legal effect:	as if made unde	er oath; that I	am an

Block 12 or Block 13 if changed, or on an attachment with an address

FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N04537

(9)

GROWING TOGETHER. INC.

f	ILED
May 15	1998 8:00am
Secret	tary of State

	unor	ind rocerten, ii	NO.				=				
Г	Principal Pla	ce of Business	Mallir	g Address			=	1894 8 1 844 848 9 44		FI 611 815	
L	1000 lake av Lake Worth JS			AKE AVENUE Worth FL 33460				Date Incorporated or Qualifier 08/03/1984 FEI Number	d	1 1	antiad Fac
L							i i	59-2466094			pplied For lot Applicable
		Place of Business	2e. M	ailing Address			5.	Certificate of Status Desired		\$8.75	Additional
	Suite, Apt	. W. etc.	_ Su	lte, Apt. #, etc.			6.	Election Campaign Financing		\$5.00	
22	City & Sta	la	27					Trust Fund Contribution		Added t	o Fees
23			28	y & State			7.	ls this nonprofit corporation a		Bassociatio	n?
1	ZIP	Country	Ziţ)	Countr	у	8.	This corporation owes or has			tanalhla
24	1	26	29		30	_		Personal Property Tax due Ju			No No
L		9. Name and Addres	s of Current Registers	d Agent		T	10.	Name and Address of New I	Registered	Agent	
	04770	Alley			81	Name					
	GATES,	SALLY OTH LANE			82	Street #	Address (P.	O. Box Number Is Not Accept	able)		
		EACH GARDENS FL 3:	2418		83	 					
	1,000	CHOIT WINDLING I L O	JT 10			<u> </u>					
					84				FL		Code
1	1. Pursuant	to the provisions of Section	ons 617.0602 and 617.1	508, Florida Statul	es, the abov	e-named	corporation	submits this statement for the		changing i	te registered
	agent. I a	m familiar with, and accer	pt the obligations of, Se	ction 617.0503, Fl	autnorized o orlda Statute	y the corp s.	OCENION'S DO	eard of directors. I hereby acc	ept the app	ointment as	registered
S	GIGNATURE .										
1:	2.	Signature, typed or printed name of OFF	FICERS AND DIRECTOR		E: Registered Age	ent signatura i		binetating) DDITIONS/CHANGES TO OFF	DATE	DIDECTOR	0 (1) 40
Ŧſ	TLE	PD	102107110 21120101	DELETE	1.1 TITLE	T	71	DOTTONS/CHANGES TO OFF	ICERS AND	Change	Addition
N	AME	GATES, SALLY			1.2 NAME	- 1					
S	TREET ADDRESS	2011 20TH LANE		_	1.3 STREET	ADDRESS					
_	ITY-ST-ZIP	PALM BEACH GARD	DENS FL 334		1.4 CITY-5	37 - ZIP					
	TLE	VD		LI DELETE	2.1 TITLE					Change	Addition
	AME	DUXBURY, JUDY	DOKE		2.2 NAME	1					
	TREET ADDRESS	12142 SE HECKLER Hobe Sound Fl	33455	•	2.3 STREET			•			
	TV-ST-ZIP TLE	VD VD	عن الرق	DELETE	2.4 City - : 3.1 Title	ST-ZIP				T 01	
	ME.	CASSIDY, JACK		C precie	3.1 HILE 3.2 NAME					☐ Change	Addition
	REET ADDRESS	228 SEABREEZE AV	ENUE		3.3 STREET	ADDRESS					
CI	TY-8T-ZIP	PALM BEACH FL	33480		3.4. CITY-8	i					
TII	TLE	TD .		DELETE	4.1 TiTLE					NA CLASSIC	Addition
NA							TD			Change :	
~	WE	WARING, LEE			4. 2 NAME	١.	TOCHE	4. ITBHAL +		LANGE CHANGE	
ы	NAE Reet address	112 COLONY WAY E	E .		4. 2 NAME 4.3 STREET	ADDRESS	22 KID	4. TOHN		Les Change	
cn	REET ADORESS TY-87-21P	112 COLONY WAY E JUPITER FL	E.			address T-zip	22 KID Stuar	4. TOHN GELAND DRIVE T. PL. 34996		gay Unange	
CIT	reet adoress TY-8T-21P TLE	112 COLONY WAY E JUPITER FL SD		DELETE	4.3 STREET	ADDRESS T-ZIP	STUAR STUAR	T. FL. 34996		∠ Change	☐ Addition
TIT	REET ADDRESS TY-81-21P TLE	112 COLONY WAY E JUPITER FL SD BUERCKHOLTZ, NEI	L	≥ DELETE	4.3 STREET 4.4 CITY-S	ADDRESS T-ZIP	STUAR STUAR	T. FL. 34996			☐ Addition
TIT NA STI	REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS	112 COLONY WAY E JUPITER FL SD BUERCKHOLTZ, NEI 301 E BOCA RATON	L	≥ D€LETE	4.3 STREET 4.4 CITY-S 5.1 TITLE	ADORESS T-ZIP ADORESS	22 KID STUAR SD TAYLOR 1527 L	T. PL. 34996 MEG LICE ROAD			☐ Addition
CIT TIT NA STI CIT	TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP	112 COLONY WAY E JUPITER FL SD BUERCKHOLTZ, NEI	L		4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADORESS T-ZIP ADORESS	STUAR STUAR	T. PL. 34996 MEG ANCE ROAD		Change	
CIT NA STI CIT	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE	112 COLONY WAY E JUPITER FL SD BUERCKHOLTZ, NEI 301 E BOCA RATON	L	DELETE	4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADORESS T-ZIP ADORESS	22 KID STUAR SD TAYLOR 1527 L	T. PL. 34996 MEG LICE ROAD			Addition Addition
CIT TIT NA STI CIT TIT	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME	112 COLONY WAY E JUPITER FL SD BUERCKHOLTZ, NEI 301 E BOCA RATON	L		4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP	22 KID STUAR SD TAYLOR 1527 L	T. PL. 34996 MEG LICE ROAD		Change	
CIT TIT NA STI CIT TIT NA STI	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE	112 COLONY WAY E JUPITER FL SD BUERCKHOLTZ, NEI 301 E BOCA RATON	L		4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	22 KID STUAR SD TAYLOR 1527 L	T. PL. 34996 MEG LICE ROAD		Change	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE:

SALCHY-ST-ZIP

19.07(3)(i). Florida Statutes. I further certify that the Information stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information 119.07(3)(i). Florida Statutes. I further certify that the Information 119.07(3)(i). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that the Information 119.07(3)(ii). Florida Statutes. I further certify that I further certify that

SIGNATURE:

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO4537

(9)

1. Corporate	on Name	()					
GROW	ING TOGETHER, INC.						
Principal Pla	ce of Business	Mailing Address		**************************************		<i> </i>	
1000 LAKE AV LAKE WORTH US		1000 LAKE AVENUE LAKE WORTH FL 33460-3 US	710				
					3. Date Incorporated or Qualified 08/03/1984	3a. Date of Last F 08/08/19	
	Place of Business	28. Mailing Address			4. FEI Number	A	pplied For
Suite, Apt	# etc	26 Suite, Apt. #, etc.			59-2466094		lot Applicable
22	, 010-	27			5. Certificate of Status Desired		Additional leguired
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23 Zip		28	1		Trust Fund Contribution		to Fees
24	Country 25	Z _i p	Count	ry	This corporation has liability for i Florida Statutes	intangible tax under s] Yes X No	3 199.032,
<u> </u>	9. Name and Address of Curre		1301		10. Name and Address of New Re		
			8	1 Name		<u></u>	
GATES,			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	OTH LANE			1			
PALM B	EACH GARDENS FL 33418		8:	3			
			8	4 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617,1508, Florida Statu	des, the abo	ve-named cor	rporation submits this statement for the pation's board of directors. I hereby accep		its registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was ations of, Section 617.0503, F	authorized li lorida Statuti	by the corpora es.	ation's board of directors. I hereby accept	at the appointment as	registered
SIGNATURE							
12.	Bignature, typed or printed name of registered ag-	ent and title if applicable. (NO D DIRECTORS		gent signature requ	iked when reinstating)	DATE	DO 101 40
TITLE	PD OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	RS IN 12 Addition
NAME	GATES, SALLY		1.2 NAME	1			
STREET ADDRESS	2011 20TH LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL		1,4 CITY -	\$T-2IP			
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
HAME	DUXBURY, JUDY		2.2 NAME	í			
STREET ADDRESS CITY-ST-ZIP	12142 SE HECKLER DRIVE HOBE SOUND FL		•	T ADDRESS			
TITLE	VD VD	DELETE	2. 4 CITY 3.1 TITLE	-51-ZIP		Change	Addition
HALE	CASSIDY, JACK		3.2 NAME	. 1			
STREET ADDRESS	228 SEABREEZE AVENUE		3.3 STAES	T ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		34. CITY	-\$1- <i>Z</i> IP			
TIPLE	TD	☐ DELETE	4.1 TITLE			Change	Addition
NAME	WARING, LEE	•	4. 2 NAM	1			
STREET ADDRESS	112 COLONY WAY E. JUPITER FL		1	TADDRESS		-	
CITY-ST-ZIP TITLE	SD	☐ DELETE	44 CITY- 51 TITLE	ST-ZIP		Change	Addition
NAME	BUERCKHOLTZ, NEIL		5.2 NAME		,		
STREET ADDRESS	301 E BOCA RATON ROAD			T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		54 CITY-	S1-21P			
TITLE		DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
14. I do heret	ov certify that the information supplier	with this filing dogs not must	6.4 CITY-		d in Section 119.07(3)(i), Florida Statutes	I further cortifu that	Iho
I am an ol	m indicated on this annual report of s	upplemental annual report is t the receiver or trustee empoy	true and acc vered to exe	urate and that	t my signature shall have the same legal rt as required by Chapter 617, Florida St	offect so if made uni	der neth that I
		STATE AND A THE AND	·· 445.		<u> </u>		

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

N04537

(9)

GROW	ING TOGETHER, INC.						HIII
Principal Place	of Business	Mailing Address			I INNINI EN EUNI SINN MINI WIN	Mat Breit erfit breit eiber	HALL BIRTH 1981
1000 LAKE AVENUE LAKE WORTH FL 33460		1000 LAKE AVENUE LAKE WORTH FL 33460					
US		US			3. Date incorporated or Qualified 08/03/1984	3a. Date of Last Re 04/11/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	 	phed For
H		26			59-2466094		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Addled to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for a	ritangible tax under s.	1 99 .032,
24	25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
	9. Name and Address of Curren	t Registered Agent	81			Intelled Aspek	
CANOO	E CADI		1 1	SAI		lo)	
	if, Carl Rick road				ddress (PO. Box Number is Not Acceptable)		
	BEACH GARDENS FL 33418		83				
174640	55 15/1 G 1 5 5 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1		84	City PALM S	BEACH GARDENS	FL 85 Zip	Code W 18
11. Pursuant to	o the provisions of Sections 617.050	2 and 617.1508 Florida Statu	ites, the above-n	amed corpore	the statement for the pu	rpose of changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was stions of Section 617.0503. F	aumonzeo oy m lorida Statutes.	ie corporation	s board of directors. I hereby accept	the appointment as re	agistered
SIGNATURE	A. & Cat	To + Pea.	SALLY	I GATE	s '	1/27/46	
SIGNATURE _	Signature: typed or printed in maint registered age	· - · - · · · · · · · · · · · · · · · ·	OTE Registered Agent	signature required i	when remetating)	DATE!	20 151 17
12.	DEFICE AN	D DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PD CAR	₩ DELETE	1.1 TITLE	PI) IN RATHE	Only o	23 / 20
NAME	ENDORF, CARL 19 CARRICK ROAD		1.2 NAME 1.3 STREET A	201	LLY GATES		
STREET ADDRESS	PALM BEACH GARDENS FL		1.3 STREET AT	Dai	m Beach Gardens, FL	. 33418	
TITLE	VD VD	DELETE	21 TITLE	VD		Change	Addition
NAME	GAUGER, MIKE	-	2.2 NAME	זענ	Y DUXBURY		
STREET ADDRESS	10361 OLIVER LANE		23 STREET A	DORESS 121	y Duxbury 12 S.E. Heckler Dri	AE.	
CITY-SY-ZIP	W. PALM BCH. FL		2 4 CITY - ST	-ZP HOE	be sound. FL . 334		
TITLE	VD OV	DETELE.	31 TITLE	VD	•.	Change	Addition
HAME	MURPHY, DENIS (M.D.)		32 NAME	JAC	CK CASSIDY	a	
STREET ADDRESS	1553 POINT WAY		3.3 STREET A	DORESS 228	m Beach, FL. 3348	- N	
CITY-ST-ZIP	N. PALM BCH. FL	l or FTC	3.4. CITY - ST	-7IP	W BEACH! LT. 0040	Change	Add-tio
TITLE	TD WARMO LEE	L DELETE	4 1 TITLE 4 2 Name			المساء الساء	
NAME OTROCT ADDRESS	WARING, LEE 112 COLONY WAY E.		4.3 STREET A	LOORESS			
STREET ADDRESS CITY-ST-ZIP	JUPMER FL		4.4 CITY - ST				
TITLE	\$D	DELETE	51 TITLE	53	······································	Change	Addition
NAME	GATES, SALLY		5.2 NAME	NEI	L BUERCKHOLTZ		
STREET ADDRESS	2011 20TH LANE		53 STREET A		6. BOCA RATON ROA		
CITY-ST-ZIP	PALM BCH GRONS FL		5.4 CITY - ST	-ZIP BOO	a raton, FL. 3343.	Z Change	Addition
TITLE		DELETE	61 TITLE			[_] ONING	
NAME			62 NAME	innecer			
STREET ADDRESS			63 STREET A	1			
CITY-SI-ZIP 14. I do heret	by certify that the information supplie	d with this filing is voluntarily	furnished and d	ope not augist	tor the exemption stated in Section	119.07(3)(k), Florida S	tatutes.
further ce		this annual report or suppler or of the corporation or the re	mental annual re eceiver or trustee	port is true ari	d accurate and that my signature shi to execute this report as required by		
SIGNAT	TURE: SCHOOL AND TOURS	MAINTEO HATE OF BIGHING OFFICE	EN OR DIRECTOR	LY GAT	ies 7/27/96	407 - 626 - Daytine Phone #	4702
	QUARATURE AND ETPED O	יוד יוד			•	or	319716

FILE NOW: FILING FEE AFTER MAY 1 18 \$155.00

CORPORATION ANNUAL REPORT



FLORGA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DRISCHLOR CORROBATIONS

SECRETARY OF STATE

dioni	NG TOGETHER, INC.			95 474 1	1 PM 9: 54		
Principal Puce o	ol Business	Mailing Address		_			
1013 LUCERNE		1013 LUCERNE AVENUE			DO NOT WRITE IN THIS SPACE 2. Date incorporated or Ozalifed 24. Date of Last Report		
LAKE WORTH FL 33460)	08/03/1984	05/19/1994		
				4. FE Number	Applied For		
2. Principal Plac	ce of Business	2a. Mailing Address		59-2466094	Not Applicable \$8.75 Additional		
21 1000			e Avenue	5, Certificate of Status Desired	Fee Required		
Sulto, Apr. 8,	, otc.	Suite, Apt. #, atc.		Election Campaign Financing Total Stand Country	\$5.00 May Be		
City & State		City & State		7. Nonprofit with IRS 501(ck3)	\$68.75 Supplemental		
23 Lake	Worth FL.	28 Lake Wor		Tax Exempt Status	Fee Not Required		
3346	o 25	29 33460	Country	This corporation has fabrilly for Florida Statutes			
	9. Name and Address of Curren		1901	10. Name and Address of New F			
KINTZ, ROI 400 N. COI ATLANTIS	UNTRY CLUB DRIVE		83	Endorf Carl Address P.O. Bax Number to Not Apocepted Carrick Road Road Palm Beach Gardens	FL 85 Zp Code		
COGNATURE S	Parid (Idoup) (the Deligy Inopyro), Sector (Trail name or regulares again	ret the Façab else / FACT	H. Regissmet Agent signature 13.		7-4-85 DATE		
THE RESERVE AND PARTY.	PO	DIRECTOR	LITTLE	ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTORS IN 12		
STREET ADDRESS 4	KINTZ, ROBERT 400 N. COUNTRY CLUB DR. ATLANTIS FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-79	Endorf Carl 19 Carrick Road Palm Beach Gardens, Fl. 33418			
STREET ADDRESS CITY-ST-ZIP	VD Gauger, Mike 10361 Oliver Lane W. Palm Bch. Fl		21 TITLE 22 IUME 23 STREET ADDRESS 2.4 CITY-ST-BP		☐ Change ☐ Addition		
STREET ADDRESS T	VD MURPHY, DENIS (M.D.) 1553 POINT WAY N. PALM BCH. FL		3.1 Title 3.2 IVANE 3.3 STREET ADDRESS 3.4. CITY-ST-AP		Change Addition		
STREET ADDRESS 1 CITY-ST-ZIP J	to Waring, Lee 112 Colony Way E. Iupiter Fl.		4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Charge Addition		
STREET ADDRESS 1	ENDORF, CARL 9 GARRICK ROAD ALM BCH GRONS FL		STRIPLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-NP	SD Gates, Sally 2011 20th Lane Palm Beach Gardens, FI	Grange □ Adellen		
TITLE HAMI STREET ADDRESS			61 THEE 62 NAME 63 SHIELT ACCRESS		Chunge Addition		

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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Events

GROWING TOGETHER, INC.

Document Number

N04537

Date Filed

08/03/1984

Effective Date

None

Status

Inactive

Event Type

Filed Date

Effective Date

Description

ADMIN DISSOLUTION

09/14/2007

FOR ANNUAL REPORT

Note: This is not official record. See documents if question or conflict.

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