

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 26, 2006
Secretary of State**

DOCUMENT# N04537

Entity Name: GROWING TOGETHER, INC.

Current Principal Place of Business:2129 NORTH CONGRESS AVENUE
RIVIERA BEACH, FL 33404 US**New Principal Place of Business:****Current Mailing Address:**2129 NORTH CONGRESS AVENUE
RIVIERA BEACH, FL 33404 US**New Mailing Address:**

FEI Number: 59-2466094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:ALLARD, PATRICIA S
1000 LAKE AVENUE
LAKE WORTH, FL 33460 US**Name and Address of New Registered Agent:**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

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

Date


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

1. Entity Name
GROWING TOGETHER, INC.



Principal Place of Business
**2129 NORTH CONGRESS AVENUE
 RIVIERA BEACH, FL 33404 US**

Mailing Address
**2129 NORTH CONGRESS AVENUE
 RIVIERA BEACH, FL 33404 US**

50023424



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07192006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2466094

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KIEFER, JOHN	
STREET ADDRESS	515 N. FLAGLER STE 700	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUNSHINE, MARK	
STREET ADDRESS	515 N. FLAGLER STE 700	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SKEWES, GARY	
STREET ADDRESS	1902 S. CLUB DRIVE	
CITY - ST - ZIP	WEST PALM BEACH, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -5 PH 1:52

DOCUMENT # N04537 1. Entity Name GROWING TOGETHER, INC.	
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Principal Place of Business 1000 LAKE AVENUE LAKE WORTH, FL 33460 US	Mailing Address 1000 LAKE AVENUE LAKE WORTH, FL 33460 US
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2. Principal Place of Business 2129 N. Congress Ave. Suite, Apt. #, etc.	3. Mailing Address 2129 N. Congress Ave. Suite, Apt. #, etc.
--	--



07292005 Chg-NP CR2E037 (10/03)

City & State Riviera Beach, FL	City & State Riviera Beach, FL
Zip 33404	Country USA
Zip 33404	Country USA

4. FEI Number 59-2466094	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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: *Patricia S. Allard* DATE: 8-2-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIEFER, JOHN 515 N. FLAGLER STE 700 WEST PALM BEACH, FL 33401
	<input type="checkbox"/> Delete
	T SUNSHINE, MARK 515 N. FLAGLER STE700 WEST PALM BEACH, FL 33401
	<input type="checkbox"/> Delete
	VP SKEWES, GARY 1902 S. CLUB DRIVE WEST PALM BEACH, FL 33414
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500058486635 08/11/05--01050--022 **\$61.25
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia S. Allard* DATE: 8-2-05 DAYTIME PHONE #: 561-882-2424


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90054 014 ****70.00

DOCUMENT # N04537
 1. Entity Name
GROWING TOGETHER, INC.



Principal Place of Business
 1000 LAKE AVENUE
 LAKE WORTH, FL 33460 US

Mailing Address
 1000 LAKE AVENUE
 LAKE WORTH, FL 33460 US

40008837



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01102005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 COOPER, MARY B
 2123 SW 21ST STREET
 OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent
 Name: Patricia S. Allard
 Street Address (P.O. Box Number is Not Acceptable): 1000 Lake Avenue
 City: Lake Worth FL Zip Code: 33460

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: *Patricia S. Allard* DATE: 1-24-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD COOPER, MARY BETH 2123 SW 21 STREET OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BECKMAN, ART 159 HAMPTON CIRCLE JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VOVD MENTSER, ALAN 409 35TH STREET WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John Kiefer 515 N. Flagler Ste. 700 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Mark Sunshine 515 N. Flagler Ste 700 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP of Development Gary Skewes 1902 S. Club Drive Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia S. Allard* DATE: 1-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-12-2004 90011 020 ****61.25


DOCUMENT # N04537					
1. Entity Name GROWING TOGETHER, INC.					
Principal Place of Business 1000 LAKE AVENUE LAKE WORTH, FL 33460 US			Mailing Address 1000 LAKE AVENUE LAKE WORTH, FL 33460 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2466094	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOPER, MARY B 2123 SW 21ST STREET OKEECHOBEE, FL 34974				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MARY BETH		NAME	Cooper, Mary Beth	
STREET ADDRESS	2123 SW 21 STREET		STREET ADDRESS	2123 SW 21 Street	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	VPDD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKEWES, GARY		NAME		
STREET ADDRESS	138 BARNSTABLE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33408		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMAN, ART		NAME		
STREET ADDRESS	159 HAMPTON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MEG		NAME		
STREET ADDRESS	1527 LANCE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP		
TITLE	VPOD	<input type="checkbox"/> Delete	TITLE	VPO VPD D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENTSER, ALAN		NAME	Mentser, Alan	
STREET ADDRESS	1400 ALLENDALE ROAD # 1		STREET ADDRESS	409 35th Street	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mary Beth Cooper</u>			7/1/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Mary Beth Cooper			Daytime Phone #		

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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90158 004 ****61.25

DOCUMENT # N04537
1. Entity Name
GROWING TOGETHER, INC.



Principal Place of Business Mailing Address
**1000 LAKE AVENUE
LAKE WORTH FL 33460
US** **1000 LAKE AVENUE
LAKE WORTH FL 33460
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-2466094** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

90007797



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**COOPER, MARY B
2123 SW 21ST STREET
OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *Mary Beth Cooper* DATE **1-17-03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, MARY BETH 2123 SW 21 STREET OKEECHOBEE FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDD SKEWES, GARY 138 BARNSTABLE CIRCLE WELLINGTON FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECKMAN, ART 159 HAMPTON CIRCLE JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, MEG 1527 LANCE ROAD JUPITER FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOD MENTSER, ALAN 1400 ALLENDALE ROAD # 1 WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90123 006 ****61.25

DOCUMENT # N04537

1. Entity Name

GROWING TOGETHER, INC.

Principal Place of Business		Mailing Address	
1000 LAKE AVENUE LAKE WORTH FL 33460 US		1000 LAKE AVENUE LAKE WORTH FL 33460 US	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2466094		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GATES, SALLY 2011 20TH LANE PALM BEACH GARDENS FL 33418				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				2123 S.W. 21 ST STREET			
				City		State	
OKEECHOBEE		FL		34974			

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 Mary Beth Cooper DATE 9/9/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD COOPER, MARY BETH 2123 SW 21 STREET OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPOD UGOWSKI, MARK 707 BUOY ROAD NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPDD SKEWES, GARY 138 BARNSTABLE CIRCLE WELLINGTON FL 33408 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD COOPER, GEORGE 2123 SW 21 STREET OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> Delete	TITLE	TD ART BECKMAN 159 HAMPTON CIRCLE JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD TAYLOR, MEG 1527 LANCE ROAD JUPITER FL 33469 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPOD ALAN MENTSEE 1400 ALLENDALE ROAD #1 W.P.B., FL 33405 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Beth Cooper DATE 9/9/02 DAYTIME PHONE # 561-585-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90267 050 ****61.25

DOCUMENT # N04537

1. Entity Name

GROWING TOGETHER, INC.

(Handwritten initials)

Principal Place of Business

Mailing Address

1000 LAKE AVENUE
 LAKE WORTH FL 33460
 US

1000 LAKE AVENUE
 LAKE WORTH FL 33460
 US

74982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2466094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATES, SALLY
2011 20TH LANE
PALM BEACH GARDENS FL 33418

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GATES, SALLY 2011 20TH LANE PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUXBURY, JUDY 12142 SE HECKLER DRIVE HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOPER, MARYBETH 2123 SW 21 STREET OKEECHOBEE FL 34974	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOCHEN, JOHN 22 RIDGELAND DR STUART FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, MEG 1527 LANCE RD JUPITER FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary Beth Cooper 2123 SW 21 Street Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Oper. Mark Upowski 707 Duval Road North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Development Gary Skewes 1381 Barnstable Circle Wellington, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer George Cooper 2123 SW 21 Street Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Meg Taylor 1527 Lance Road Jupiter, FL 33469	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *(Handwritten Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/01 (561)585-0892

Date

Daytime Phone #

CR26037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90009 048 ****61.25

DOCUMENT # N04537

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 33460-3710**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2466094 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATES, SALLY
2011 20TH LANE
PALM BEACH GARDENS FL 33418

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	GATES, SALLY	2011 20TH LANE PALM BEACH GARDENS FL 33418	<input type="checkbox"/>		VD	Cooper, Mary Beth	2123 SW 21 Street Deerchoke, FL 34974	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VD	DUXBURY, JUDY	12142 SE HECKLER DRIVE HOBE SOUND FL 33455	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	RATLIFF, MARY	17364 BOCA CLUB BLVD. BOCA RATON FL 33487	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TD	JOHEM, JOHN	22 RIDGELAND DR STUART FL 34996	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	TAYLOR, MEG	1527 LANCE RD JUPITER FL 33469	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 [Signature] Director of Finance 2/25/00 (561) 585-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00043403



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90105 048 ****61.25

006557

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04537
 1. Corporation Name
GROWING TOGETHER, INC.

Principal Place of Business 1000 LAKE AVENUE LAKE WORTH FL 33460 US	Mailing Address 1000 LAKE AVENUE LAKE WORTH FL 33460 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2466094 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GATES, SALLY 2011 20TH LANE PALM BEACH GARDENS FL 33418	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATES, SALLY 2011 20TH LANE PALM BEACH GARDENS FL 33418 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUXBURY, JUDY 12142 SE HECKLER DRIVE HOBE SOUND FL 33455 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSIDY, JACK 228 SEABREEZE AVENUE PALM BEACH FL 33480 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHEM, JOHN 22 RIDGELAND DR STUART FL 34996 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, MEG 1527 LANCE RD JUPITER FL 33469 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED GATES 4/29/99 561-625-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04537 (9)
1. Corporation Name
GROWING TOGETHER, INC.

Principal Place of Business 1000 LAKE AVENUE LAKE WORTH FL 33460 US	Mailing Address 1000 LAKE AVENUE LAKE WORTH FL 33460 US
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 08/03/1984	
4. FEI Number 59-2466094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GATES, SALLY
2011 20TH LANE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GATES, SALLY	
STREET ADDRESS	2011 20TH LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUXBURY, JUDY	
STREET ADDRESS	12142 SE HECKLER DRIVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASSIDY, JACK	
STREET ADDRESS	228 SEABREEZE AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WARING, LEE	
STREET ADDRESS	112 COLONY WAY E.	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUERCKHOLTZ, NEIL	
STREET ADDRESS	301 E BOCA RATON ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD JOCHEN, JOHN
4.3 STREET ADDRESS	22 RIDGELAND DRIVE
4.4 CITY-ST-ZIP	STUART, FL. 34996
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD TAYLOR, MEG
5.3 STREET ADDRESS	1527 LANCE ROAD
5.4 CITY-ST-ZIP	JUPITER, FL. 33469
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: Sally A. Gates 4/24/98 561-625-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0039647

CR2E037 (10/97)

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04537 (9)

1. Corporation Name
GROWING TOGETHER, INC.



Principal Place of Business 1000 LAKE AVENUE LAKE WORTH FL 33400 US	Mailing Address 1000 LAKE AVENUE LAKE WORTH FL 33400-3710 US
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/03/1984	3a. Date of Last Report 08/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2466094	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent GATES, SALLY 2011 20TH LANE PALM BEACH GARDENS FL 33418		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GATES, SALLY 2011 20TH LANE PALM BEACH GARDENS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD DUXBURY, JUDY 12142 SE HECKLER DRIVE HOBE SOUND FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD CASSIDY, JACK 228 SEABREEZE AVENUE PALM BEACH FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TD WARING, LEE 112 COLONY WAY E. JUPITER FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD BUERCKHOLTZ, NEIL 301 E BOCA RATON ROAD BOCA RATON FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Sally Gates **SALLY GATES** 407-626-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039058

CR2E037 (9/96)

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N04537 (9)

1. Corporation Name
 GROWING TOGETHER, INC.



Principal Place of Business: 1000 LAKE AVENUE, LAKE WORTH FL 33460 US
 Mailing Address: 1000 LAKE AVENUE, LAKE WORTH FL 33460 US

3. Date Incorporated or Qualified: 08/03/1984
 3a. Date of Last Report: 04/11/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2466094	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ENDORF, CARL 19 CARRICK ROAD PALM BEACH GARDENS FL 33418		81 Name	SALLY GATES
		82 Street Address (P.O. Box Number is Not Acceptable)	2011 20TH LANE
		83	
		84 City	PALM BEACH GARDENS FL 85 Zip Code 33418

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Sally Gates, Pres.* SALLY GATES DATE: 7/27/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ENDORF, CARL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19 CARRICK ROAD	1.1 TITLE	PD
STREET ADDRESS	PALM BEACH GARDENS FL	1.2 NAME	SALLY GATES
CITY-ST-ZIP		1.3 STREET ADDRESS	2011 20TH LANE
		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418
TITLE	VD GALGER, MIKE	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10361 OLIVER LANE	2.1 TITLE	VD
STREET ADDRESS	W. PALM BCH. FL	2.2 NAME	JUDY DUXBURY
CITY-ST-ZIP		2.3 STREET ADDRESS	12142 S.E. HECKLER DRIVE
		2.4 CITY-ST-ZIP	HOBE SOUND, FL. 33455
TITLE	VD MURPHY, DENIS (M.D.)	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1553 POINT WAY	3.1 TITLE	VD
STREET ADDRESS	N. PALM BCH. FL	3.2 NAME	JACK CASSIDY
CITY-ST-ZIP		3.3 STREET ADDRESS	228 SEABRAZE AVENUE
		3.4 CITY-ST-ZIP	PALM BEACH, FL. 33480
TITLE	TD WARING, LEE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	112 COLONY WAY E.	4.1 TITLE	
STREET ADDRESS	JUPITER FL	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	SD GATES, SALLY	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2011 20TH LANE	5.1 TITLE	SD
STREET ADDRESS	PALM BCH GRONS FL	5.2 NAME	NEIL BUERCKHOLTZ
CITY-ST-ZIP		5.3 STREET ADDRESS	301 G. BOCA RATON ROAD
		5.4 CITY-ST-ZIP	BOCA RATON, FL. 33432
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Sally Gates* SALLY GATES DATE: 7/27/96 DAYTIME PHONE #: 407-626-9702

CR2E037 (3/96)

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:54

DOCUMENT # **NO4537** (9)
1. Corporation Name
GROWING TOGETHER, INC.

Principal Place of Business Mailing Address
1013 LUCERNE AVENUE LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/03/1984** 3a. Date of Last Report **05/19/1994**
4. FEI Number **59-2466094** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1000 Lake Avenue** 2b **1000 Lake Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **Lake Worth, FL.** 28 **Lake Worth, FL.**
Zip Country Zip Country
24 **33460** 25 29 **33460** 30

9. Name and Address of Current Registered Agent
KINTZ, ROBERT
400 N. COUNTRY CLUB DRIVE
ATLANTIS FL 33462

10. Name and Address of New Registered Agent
81 Name **Endorf, Carl**
82 Street Address (P.O. Box Number is Not Acceptable) **19 Carrick Road**
83 **B**
84 City **Palm Beach Gardens FL** 85 Zip Code **33418**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida, which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-4-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KINTZ, ROBERT
STREET ADDRESS	400 N. COUNTRY CLUB DR.
CITY-ST-ZIP	ATLANTIS FL
TITLE	VD
NAME	GAUGER, MIKE
STREET ADDRESS	10361 OLIVER LANE
CITY-ST-ZIP	W. PALM BCH. FL
TITLE	VD
NAME	MURPHY, DENIS (M.D.)
STREET ADDRESS	1553 POINT WAY
CITY-ST-ZIP	N. PALM BCH. FL
TITLE	YD
NAME	WARING, LEE
STREET ADDRESS	112 COLONY WAY E.
CITY-ST-ZIP	JUPITER FL
TITLE	SD
NAME	ENDORF, CARL
STREET ADDRESS	19 GARRICK ROAD
CITY-ST-ZIP	PALM BCH GRDNS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Endorf, Carl	
1.3 STREET ADDRESS	19 Carrick Road	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gates, Sally	
5.3 STREET ADDRESS	2011 20th Lane	
5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *[Signature]* DATE **4-4-95**

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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 FOR ANNUAL REPORT	09/14/2007		

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

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