


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # N25474 1. Entity Name SEED OF LIFE HEALTH INSTITUTE, INC.	
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Principal Place of Business SEED OF LIFE INSTITUTE 14400 WINDSONG DR BOKEELIA, FL 33922 US	Mailing Address 14400 WINDSONG DR BOKEELIA, FL 33922 US
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0150708	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

**PENNEY, LUCILLE C.
14400 WINDSONG LN
BOKEELIA, FL 33922**

DO NOT WRITE IN THIS SPACE

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: LUCILLE PENNEY DATE: 1/14/08

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENNEY, LUCILLE C. 14400 WINDSONG BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PENNEY, DAVID SPEH 14400 WINDSONG DR. BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTRANE, LOREN W. 16352 BUCCANEER ST BOKEELIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/08-80040-015 61.25

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: Lucille Penney DATE: 1/14/08 DAYTIME PHONE: 239-2838920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR