

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90011 024 ****61.25

54032327

DOCUMENT # N02000000861 1. Entity Name SEED OF LOVE FOUNDATION, INC.					
Principal Place of Business 12397 TANGERINE BLVD WEST PALM BEACH, FL 33412			Mailing Address 15162 85 RD N LOXAHATCHEE, FL 33470		
2. Principal Place of Business			3. Mailing Address 12397 TANGERINE BLVD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State West Palm Beach, FL		
Zip 33412		Country USA		4. FEI Number 01-0597209	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SEMPLE, MARY M 12397 TANGERINE BLVD WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"> PTD SEMPLE, MARY M 12397 TANGERINE BLVD WEST PALM BEACH, FL 33412 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"> VPSD LENO, CHRISTINA 13850 NE 14TH AVE SAINT PETERSBURG, FL 33713 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"> D ARIAS, RUBEN E 12397 TANGERINE BLVD WEST PALM BEACH, FL 33412 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
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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 M Semple</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/6/04</u> <u>561-795-7109</u> <small>Date Daytime Phone #</small>	