

FILED
Jun 27, 2003 8:00 am
Secretary of State

5

05-05-2003 91391 016 ****61.25

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

DOCUMENT # N02000000861

1. Entity Name
SEED OF LOVE FOUNDATION, INC.



Principal Place of Business
15162 85 RD N
LOXAHATCHEE, FL 33470

Mailing Address
15162 85 RD N
LOXAHATCHEE, FL 33470

55049974

2. Principal Place of Business
12397 TANGERINE BLVD
Suite, Apt. #, etc.

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

☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH FL

City & State

4. FEI Number
01-0597209

Applied For
Not Applicable

Zip
33412

Country
PALM BEACH

Zip

Country

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

6. Name and Address of Current Registered Agent -

SEMPLE, MARY M
15162 85 RD N
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent -
Name
Street Address (P.O. Box Number is Not Acceptable)
12397 TANGERINE BLVD
City
WEST PALM BEACH FL Zip Code
33412

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 M. Semple MARY M. SEMPLE, Pres. 4/28/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
PRESIDENT - TREASURER
MARY M. SEMPLE
12397 TANGERINE BLVD
W. PALM BEACH FL 33412 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VICE PRESIDENT - SECRETARY
CHRISTINA LENO
13850 N.E. 147 AVE.
CITRA FL 32113 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DIRECTOR
RUDEN E. ARIAS
12397 TANGERINE BLVD
W. PALM BEACH FL 33412 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 M. Semple MARY M. SEMPLE, Pres. 4/28/03 561-795-7109
Signature typed or printed name of signing officer or director Date