

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010910

**Entity Name:** SEED OF LOVE ORPHANAGE MINISTRY, INC.

**Current Principal Place of Business:**

1122 NE 4TH PLACE  
CAPE CORAL, FL 33909

**Current Mailing Address:**

1122 NE 4TH PLACE  
CAPE CORAL, FL 33909 US

**FEI Number: 22-3904233**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PARR, JOHN O  
1122 NE 4TH PLACE  
CAPE CORAL, FL 33904 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name KABUGA, DAVID N  
Address 1122 NE 4TH PLACE  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name TILLMAN, CYNTHIA J  
Address 1122 NE 4TH PLACE  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name TILLMAN, LOUIS E  
Address 1122 NE 4TH PLACE  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name NGURE, LUCY W  
Address 1122 NE 4TH PLACE  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name PARR, JOHN O  
Address 1122 NE 4TH PL  
City-State-Zip: CAPE CORAL FL 33909

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN O. PARR**

**DIRECTOR**

**01/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date