

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000663

Entity Name: THE SEED OF LIFE FOUNDATION, INC.**Current Principal Place of Business:**14503 MANDOLIN DR
ORLANDO, FL 32837**Current Mailing Address:**3128 W. EUCLID AVE
TAMPA, FL 33629 US**FEI Number: 37-1707538****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPOS CALDEIRA, ADRIANNA SILVA
3128 W EUCLID AVE
TAMPA, FL 33629 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 PRESIDENT
Name CAMPOS CALDEIRA, ADRIANNA
 SILVA
Address 3128 W EUCLID AVE
City-State-Zip: TAMPA FL 33629

Title TREASURER
Name SILVA, DEBORA
Address 8755 ALEGRE CIRCLE
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR
Name COURA, GERALDO
Address 3521 FOREST RIDGE LANE
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name MACHADO, LUCIA P
Address 14561 CABLESHIRE WAY
City-State-Zip: ORLANDO FL 32824

Title VP
Name TUCHLER, ELLY
Address 14503 MANDOLIN DR.
City-State-Zip: ORLANDO FL 32837

Title SECRETARY
Name SCOLARI, JULIANA
Address 5459 VINELAND RD
 4313
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR
Name TEIXEIRA, BRUNO
Address 920 CORNELL AVENUE
City-State-Zip: CLERMONT FL 34711

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: LUCIA P MACHADO**DIRECTOR****04/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date