

**2019 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           TEIXEIRA, BRUNO  
Address        920 CORNELL AVENUE  
City-State-Zip: CLERMONT FL 34711

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

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

*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: ELLY TUCHLER****VP****02/08/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date