

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005316

FILED
Apr 19, 2007
Secretary of State

Entity Name: SEED FAITH MISSION, INC.

Current Principal Place of Business:

419 NORTH SEACREST BLVD.
BOYNTN BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

419 NORTH SEACREST BLVD.
BOYNTN BEACH, FL 33435

New Mailing Address:

FEI Number: 65-1125740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWNE, MALCOLM L
Address: 419 NORTH SEACREST BLVD.
City-St-Zip: BOYNTN BEACH, FL 33435

Title: STD () Delete
Name: BROWNE, WENDY
Address: 419 NORTH SEACREST BLVD.
City-St-Zip: BOYNTN BEACH, FL 33435

Title: VD () Delete
Name: BROWNE, ASIF C
Address: 419 NORTH SEACREST BLVD.
City-St-Zip: BOYNTN BEACH, FL 33435

Title: OD () Delete
Name: HENRY, HENSLEY
Address: 419 NORTH SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: OD () Delete
Name: CAIN, ANTONIO E
Address: 419 NORTH SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OD (X) Change () Addition
Name: MARVIN, BEACH
Address: 419 NORTH SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: OD () Change (X) Addition
Name: PETTIGREW, HEADLY
Address: 419 NORTH SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MALCOLM BROWNE

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date