

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003192

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** SEED OF LIFE ALF, INC.

**Current Principal Place of Business:**

741 NORTH POWER LINE RD  
POMPANO BCH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

741 NORTH POWER LINE RD  
POMPANO BCH, FL 33069

**New Mailing Address:**

**FEI Number:** 20-4614302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEORGE, IDENA  
741 NORTH POWER LINE RD  
POMPANO BCH, FL 33069 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  
Name: GEORGE, IDENA  
Address: 741 NORTH POWER LINE RD  
City-St-Zip: POMPANO BCH, FL 33069

Title: SD  
Name: ANTOINE, MARIA  
Address: 741 NORTH POWER LINE RD  
City-St-Zip: POMPANO BCH, FL 33069

Title: TD  
Name: STEPHENS, BEATRICE  
Address: 2960 S.W. 11TH COURT  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VPD  
Name: PARRISH, SHERRON REV.  
Address: 741 NORTH POWER LINE RD  
City-St-Zip: POMPANO BCH, FL 33069

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: IDENA GOERGE

PD

03/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date