## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003896

FILED Apr 23, 2008 Secretary of State

| Entity Nai  | ne: SEED C   | OMMUNITY DEVELOPMENT C                                | ORPORATION   |  |  |
|---|--|---|--|--|--|
| Current P   | rincipal Plac  | e of Business:  | New Principal Place                                      | New Principal Place of Business:                 |  |
| 704 C MAE<br>TALLAHAS   | BRY ST.<br>BSEE, FL 323  | 304   |  |  |  |
| Current M   | lailing Addre  | ss:   | New Mailing Addres                                       | New Mailing Address:                             |  |
| P.O. BOX<br>TALLAHAS  | 394<br>SSEE, FL 323  | 345   |  |  |  |
| FEI Number: 20-4660578 FEI Number Applied For ( ) FEI N           |  |   | FEI Number Not Applicable ( )                            | Certificate of Status Desired ( )                |  |
| Name and Address of Current Registered Agent:                     |  |   | Name and Address   | Name and Address of New Registered Agent:        |  |
| 705C MAB<br>TALLAHAS<br>The above                                 | , TERRY D<br>RYSTREET<br>SSEE, FL 323<br>named entity<br>e of Florida. |   | urpose of changing its registere                         | ed office or registered agent, or both,          |  |
| SIGNATU   |  | nia Cianatura of Danistavad Ass                       | m.t.   | Data   |  |
| Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS: |  |   |  | Date ES TO OFFICERS AND DIRECTORS:               |  |
| Title: Name: Address: City-St-Zip: Title: Name: Address:          | OO (<br>SIMPKINS, TE<br>P.O. BOX 394<br>MONTICELLO                     | ) Delete<br>RRY D<br>, FL 32345<br>) Delete<br>OMAS K | Title: Name: Address: City-St-Zip: Title: Name: Address: | ( ) Change ( ) Addition  ( ) Change ( ) Addition |  |
| City-St-Zip:  | TALLAHASSE   |   | City-St-Zip:   |  |  |

I hereby certify that the information supplied with this filing does not qualify 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: TERRY SIMPKINS OO 04/23/2008