FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

Change of Address
14400 Windsong Ln
Bokeelia FL 33922

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 1 7 8 0 0 $77.50

DOCUMENT # **N25474** **(0)**

1. Corporation Name
SEED OF LIFE HEALTH INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~5181 BIRDSONG LN~~ 14400 Windsong Ln ~~BOKEELIA FL 33922~~ Bokeelia Fla. 33922 ~~US~~	~~P O BOX 726~~ ~~BOKEELIA FL 33922~~ ~~US~~

3. Date Incorporated or Qualified: 03/18/1988	3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0150708	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~PENNEY, LUCILLE C.~~
~~5181 BIRDSONG LN~~ 14400 Windsong Ln.
~~BOKEELIA FL 33922~~ Bokeelia FL 33922

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PENNEY, LUCILLE C.	12 NAME	900001407539
STREET ADDRESS	~~16352 BUCCANEER ST~~ 14400 Windsong Ln	13 STREET ADDRESS	-02/16/95--01028--003
CITY-ST-ZIP	~~BOKEELIA FL~~ Bokeelia FLA 33922	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	PENNEY, DAVID SPEH	22 NAME	
STREET ADDRESS	~~16352 BUCCANEER ST~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~BOKEELIA FL~~	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COLTRANE, LOREN W.	32 NAME	
STREET ADDRESS	~~16352 BUCCANEER ST~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~BOKEELIA FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	KC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucille C Penney 2/1/95 813-283-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0090110