2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2009
Secretary of State

DOCUMENT# N25474

Entity Name: SEED OF LIFE HEALTH INSTITUTE, INC.

Current Principal Place of Business:

SEED OF LIFE INSTITUTE
14400 WINDSONG DR
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

14400 WINDSONG DR
BOKEELIA, FL 33922 US

New Mailing Address:

SEED OF LIFE INSTITUTE
14400 WINDSONG DR
BOKEELIA, FL 33922 US

FEI Number: 65-0150708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PENNEY, LUCILLE C.
14400 WINDSONG LN
BOKEELIA, FL 33922 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: PENNEY, LUCILLE C.
Address: 14400 WINDSONG
City-St-Zip: BOREELIA, FL 33922

Title: STD ( ) Delete
Name: PENNEY, DAVID SPEH
Address: 14400 WINDSONG DR.
City-St-Zip: BOREELIA, FL 33922

Title: D ( ) Delete
Name: COLTRANE, LOREN W.
Address: 16352 BUCCANEER ST
City-St-Zip: BOREELIA, FL

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:

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: LUCILLE C. PENNEY DIR 06/27/2009

Electronic Signature of Signing Officer or Director — Date