

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001008

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE SEEDLINGS FOUNDATION, INC.**Current Principal Place of Business:**1008 S. PARK AVE
SANFORD, FL 32771**New Principal Place of Business:**23,300 FORT CHRISTMAS ROAD
BOX 345
CHRISTMAS, FL 32709 US**Current Mailing Address:**1008 S. PARK AVE
SANFORD, FL 32771**New Mailing Address:**23,300 FORT CHRISTMAS ROAD
BOX 10
CHRISTMAS, FL 32709 US**FEI Number:** 59-3558093**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILROY, SEAN
1008 S. PARK AVE
SANFORD, FL 32771**Name and Address of New Registered Agent:**TUCKER, CECIL A II
23,300 FORT CHRISTMAS ROAD
BOX 345
CHRISTMAS, FL 32709 US

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: CECIL A. TUCKER, II

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS (X) Delete
Name: DEBIASSE, CHARLES L
Address: 4 PARK AVENUE
City-St-Zip: MADISON, NJ 07940

Title: DP () Delete
Name: TUCKER, CECIL A II
Address: 23300 FT. CHRISTMAS RD.(BOX 345)
City-St-Zip: CHRISTMAS, FL 32709

Title: D () Delete
Name: LAJEUNESSE, KEVIN
Address: 126 TARRYTOWN TRIAL
City-St-Zip: LONGWOOD, FL 32750

Title: DT () Delete
Name: POWELL, ROBERT H
Address: 1008 S. PARK AVE
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete
Name: MILROY, SEAN
Address: 1008 S. PARK AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: WARFIELD, OGLE
Address: 1008 S. PARK AVE
City-St-Zip: SANFORD, FL 32771

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: DT (X) Change () Addition
Name: POWELL, ROBERT H JR.
Address: 2015 HOLLY AVE.
City-St-Zip: SANFORD, FL 32771

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 for the exemption stated in Section 119.07(3)(i), 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: CECIL A. TUCKER, II

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date