

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006345

FILED
Mar 09, 2020
Secretary of State
7528830166CC

Entity Name: SHOWERING LOVE INC

Current Principal Place of Business:

4157 SW 54 AVENUE
DAVIE, FL 33314

Current Mailing Address:

4157 SW 54 AVENUE
DAVIE, FL 33314 US

FEI Number: 81-2576709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBAUGH, JEANNE C
4157 SW 54 AVENUE
DAVIE, FL 33314 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: JEANNE ALBAUGH

03/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, CEO, DIRECTOR
Name ALBAUGH, JEANNE C
Address 4157 SW 54TH AVENUE
City-State-Zip: DAVIE FL 33314

Title DIRECTOR
Name JOFRE, CARLOS JR.
Address 1486 MIRA VISTA CIRCLE
City-State-Zip: WESTON FL 33327

Title DIRECTOR
Name GUPTA, SRABANA DR.
Address 4157 SW 54TH AVENUE
City-State-Zip: DAVIE FL 33314

Title TREASURER, CFO
Name SPIGELMAN, EVAN S
Address 8948 SW 49TH COURT
City-State-Zip: COOPER CITY FL 33328

Title SECRETARY
Name PINTADO, KAREN
Address 2561 GARDEN COURT
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR
Name GIFFORD, ROWDY
Address 1341 SW 117 WAY
City-State-Zip: DAVIE FL 33325

Title DIRECTOR
Name WRIGHT, MICHEAL R
Address 2717 NE 6 LANE
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR
Name MESSER, KRISTI DR.
Address 218 NE 22 ST
City-State-Zip: DELRAY FL 33444

Continues on page 2

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: EVAN SPIGELMAN

TREASURER

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KLONARIDES, GERALDINE
Address 18459 PINES BLVD
 153
City-State-Zip: PEMBROKE PINES FL 33029