

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006345

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:** Yes**Name and Address of Current Registered Agent:**LEWIS, 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, CEO, DIRECTOR
Name LEWIS ALBAUGH, JEANNE C
Address 4157 SW 54 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 TREASURER, CFO
Name WORD, JUDI
Address 11186 NW 2ND COURT
City-State-Zip: CORAL SPRINGS FL 33071

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

Title VP, DIRECTOR
Name TREMBLY, JOSEPH D
Address 2921 SW 19 AVENUE
City-State-Zip: FORT LAUDERDALE FL 33315

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

Title SECRETARY
Name PINTADO, KAREN
Address 4157 SW 54 AVENUE
City-State-Zip: DAVIE FL 33314

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: JOSEPH TREMBLY**DIRECTOR/VICE
PRESIDENT****03/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date