

2023 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:** 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

04/26/2023

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

Title DIRECTOR
Name JAVEN, JACK
Address 4001 N OCEAN BLVD
805
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name SWEENY, GAIL
Address 5035 WILES ROAD
City-State-Zip: COCONUT CREEK FL 33073

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/CFO

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date