


#61.25


## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000005931</b> 1. Entity Name <b>SHOWERS OF LEARNING CHRISTIAN CHILD CARE CENTER, INC.</b>	
--	---

Principal Place of Business 2615 SE 15 STREET GAINESVILLE, FL 32641	Mailing Address 2615 SE 15 STREET GAINESVILLE, FL 32641
---	---

**DO NOT WRITE IN THIS SPACE**

**FILED**  
04 FEB 13 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152004 No Chg-NP CR2E037 (10/03) *MRD*

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, LINDA A  
SHOWERS OF LEARNING CHRISTIAN C C C, INC  
2615 SE 15 STREET  
GAINESVILLE, FL 32641

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, LINDA A 1702 NE 15TH TERRACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, JR., WILLIE L 1702 NE 15TH TERRACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORD, KELLI L 1505 FT. CLARK BLVD. #17-203 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, EDWARD B 7251 SW 18TH PLACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WILLIAMS, DEBRA L 1115 N.E. 26TH COURT GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

500028752555  
02/13/04-01002-010 \*\*280.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Linda A. King* *1-20-04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #