


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90144 006 ****65.00

DOCUMENT # N00000005931 1. Entity Name SHOWERS OF LEARNING CHRISTIAN CHILD CARE CENTER, INC.					
Principal Place of Business 2615 SE 15 STREET GAINESVILLE FL 32641		Mailing Address 2615 SE 15 STREET GAINESVILLE FL 32641			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KING, LINDA A SHOWERS OF LEARNING CHRISTIAN C C C, INC 2615 SE 15 STREET GAINESVILLE FL 32641			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	KING, LINDA A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1702 NE 15TH TERRACE	NAME			
STREET ADDRESS	GAINESVILLE FL 32609	STREET ADDRESS			
CITY-ST-ZIP	VD	CITY-ST-ZIP			
TITLE	KING, JR., WILLIE L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1702 NE 15TH TERRACE	NAME			
STREET ADDRESS	GAINESVILLE FL 32609	STREET ADDRESS			
CITY-ST-ZIP	S	CITY-ST-ZIP			
TITLE	WORD, KELLI L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1505 FT. CLARK BLVD. #17-203	NAME			
STREET ADDRESS	GAINESVILLE FL 32606	STREET ADDRESS			
CITY-ST-ZIP	T	CITY-ST-ZIP			
TITLE	HARRIS, EDWARD B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	7251 SW 18TH PLACE	NAME			
STREET ADDRESS	GAINESVILLE FL 32609	STREET ADDRESS			
CITY-ST-ZIP	M	CITY-ST-ZIP			
TITLE	WILLIAMS, DEBRA L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1115 N.E. 26TH COURT	NAME			
STREET ADDRESS	GAINESVILLE FL 32641	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 