


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 044 ****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
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3667675	Applied For <input type="checkbox"/> 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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, LINDA A 1203 NW 101ST DRIVE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, JR., WILLIE L 1203 NW 101ST DRIVE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORD, KELLI L 8008 NW 31ST AVE, APT #706 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, EDWARD B 7765 SW 57TH LANE, APT#269 GAINESVILLE, FL 32608
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/28/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #