

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90175 022 ****66.25

0070798

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

FL

Zip Code

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

Linda A. King

Linda A. King

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **KING, LINDA A**
STREET ADDRESS **1702 NE 15TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☒ Change ☐ Addition
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE **VD** ☐ Delete
NAME **KING, JR., WILLIE L**
STREET ADDRESS **1702 NE 15TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Change ☐ Addition
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE **DS** ☒ Delete
NAME **HARRIS, MICHELLE G**
STREET ADDRESS **7215 SW 18TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Change ☐ Addition
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☒ Addition
NAME **S Word, Kelli L.**
STREET ADDRESS **1505 Ft. Clarke Blvd. #17-203**
CITY-ST-ZIP **Gainesville, FL. 32606**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☒ Addition
NAME **T Harris, Edward B.**
STREET ADDRESS **7215 SW 18th Place**
CITY-ST-ZIP **Gainesville, FL. 32609**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☒ Addition
NAME **M Williams, Debra L.**
STREET ADDRESS **1115 N.E. 26th Court**
CITY-ST-ZIP **Gainesville, FL. 32644**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-375-3589

CR2E037 (10/02)