

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001925

FILED  
Jan 29, 2008  
Secretary of State

**Entity Name:** SHOWER DOWN OF BLESSINGS MINISTRIES, INC.

**Current Principal Place of Business:**

201 S. ELM AVE.  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1503  
SANFORD, FL 32772

**New Mailing Address:**

**FEI Number:** 74-3209060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDSON, CLARETHA  
2591 BYRD AVE.  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HUDSON, E.B.  
Address: 2591 BYRD AVE.  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: HUDSON, CLARETHA  
Address: 2591 BYRD AVE.  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: SMILEY, INEZ Q  
Address: 1805 COOLIDGE AVE.  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: CAMMOCK, ESTRENETA  
Address: 1581 AMY CIR.  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: JOHNSON, DONALD  
Address: 2681 W. 22ND ST.  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARETHA HUDSON

D

01/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date