2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000001925

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: D (X) Change ( ) Addition
Name: HUDSON, MOLLY
Address: 660 SUMMERHAVEN DRIVE
City-St-Zip: DEBARY, FL 32713

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: EB HUDSON D 04/15/2009

Electronic Signature of Signing Officer or Director — Date