

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004103

FILED
Nov 02, 2009
Secretary of State

Entity Name: SHOWERS OF BLESSING MIRACLE CENTER INC.

Current Principal Place of Business:

9105 RIDGE ROAD
NEW PORT RICHEY, FL 34667

New Principal Place of Business:

8410 SYCAMORE DRIVE
NEW PORT RICHEY, FL 34667

Current Mailing Address:

9105 RIDGE ROAD
NEW PORT RICHEY, FL 34654

New Mailing Address:

8410 SYCAMORE DRIVE
NEW PORT RICHEY, FL 34654

FEI Number: 26-2299720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KALUMBA, DUNSTAN C
13727 JUDY AVE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

KALUMBA, DUNSTAN C
9532 HIGHLAND RIDGE DR
HUDSON, FL 34667 US

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: DUNSTAN KALUMBA

11/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KALUMBA, DUNSTAN C
Address: 13727 JUDY AVE
City-St-Zip: HUDSON, FL 34667

Title: P () Delete
Name: KALUMBA, LATASHA S
Address: 13727 JUDY AVE
City-St-Zip: HUDSON, FL 34667

Title: SEC () Delete
Name: MCGAUGHAN, CAROLYN
Address: 10515 MIRA VISTA DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: TR (X) Delete
Name: HRUBY, JOANNE
Address: 7808 LAKESIDE WOODLAND DR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KALUMBA, DUNSTAN C
Address: 9532 HIGHLAND RIDGE DRIVE
City-St-Zip: HUDSON, FL 34667

Title: P (X) Change () Addition
Name: KALUMBA, LATASHA S
Address: 9532 HIGHLAND RIDGE DR
City-St-Zip: HUDSON, FL 34667

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: DUNSTAN KALUMBA

P

11/02/2009

Electronic Signature of Signing Officer or Director

Date