

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

DOCUMENT # N43447

1. Entity Name
SHOWERS OF BLESSINGS CHURCH OF GOD IN
CHRIST, INC.



05 APR 21 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1098 PAUL RUSSELL RD.
TALLAHASSEE, FL 32301

Mailing Address
4250 PLEASANT DRIVE
TALLAHASSEE, FL 32303



2. Principal Place of Business
1102 South Adams

3. Mailing Address
P.O. Box 6734

Suite, Apt. #, etc.
Unit 142

Suite, Apt. #, etc.

04192005 Chg-NP CR2E037 (10/03) MRD

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-3096019

Applied For
Not Applicable

Zip
Leon

Zip
32314

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STALLWORTH, STELLA
4250 PLEASANT DRIVE
TALLAHASSEE, FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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
NAME STALLWORTH, STELLA M. ☐ Delete
STREET ADDRESS 4250 PLEASANT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE PD ☒ Change ☐ Addition
NAME Stewarth, Stella M
STREET ADDRESS 1012 Paul Russell Road
CITY-ST-ZIP Tallahassee, FL 32301

TITLE T ☐ Delete
NAME PATTERSON, PINKIE
STREET ADDRESS 1098 PAUL RUSSELL RD.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE T ☒ Change ☐ Addition
NAME Patterson, Pinkie
STREET ADDRESS P.O. Box 6734
CITY-ST-ZIP Tallahassee, FL 32314

TITLE SD ☐ Delete
NAME SIMMONS, ROSA
STREET ADDRESS 1098 PAUL RUSSELL RD.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE SD ☒ Change ☐ Addition
NAME Simmons, Rosa
STREET ADDRESS P.O. Box 6734
CITY-ST-ZIP Tallahassee, FL 32314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800054013048
05/06/05--01064--002 **61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Pinkie N. Patterson - Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05
Date

576-2941
Daytime Phone #