

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # *N43447*

1. Entity Name

*Showers of Blessings  
Church of God in Christ*



**FILED**

06 MAY -1 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2635 S. Adams St.*  
Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 6734*  
Suite, Apt. #, etc.

City & State

*Tallahassee, FL*  
Zip *32301* Country *Leon*

City & State

*Tallahassee, FL*  
Zip *32314* Country *Leon*

4. FEI Number

*59-3096019*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E037B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Stella M. Stallworth*

Street Address (P.O. Box Number is Not Acceptable)  
*1012 Paul Russell Road*

City *Tallahassee*

FL

Zip Code

*32301*

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 *Stella M. Stallworth*  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

*May 1, 2006*  
(2006)

**FEE IS \$61.25  
Initial or Amended AR**

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

TITLE *PD*  
NAME *Stella Stallworth*  
STREET ADDRESS *1012 Paul Russell Road*  
CITY - ST - ZIP *Tallahassee, FL 32301*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*500075047515*  
*05/23/06--01007--004 \*\*61.25*

TITLE *T*  
NAME *Pinkie Patterson*  
STREET ADDRESS *PO Box 6734*  
CITY - ST - ZIP *Tallahassee, FL 32314*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE *D.*  
NAME *Velma Stevens*  
STREET ADDRESS *PO Box 6734*  
CITY - ST - ZIP *Tallahassee, FL 32314*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE *Stella M. Stallworth* *Stella M. Stallworth* *850 562-9446*