

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 26 PM 1:46

DOCUMENT # N43447 1. Entity Name SHOWERS OF BLESSINGS CHURCH OF GOD IN CHRIST, INC.					
Principal Place of Business 2635 S. ADAMS ST. TALLAHASSEE, FL 32301			Mailing Address PO BOX 6734 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box # 1102 S. Adams St Suite, Apt. #, etc. Ste 8		3. Mailing Address 1012 Paul Russell Rd Suite, Apt. #, etc. _____			
City & State Tallahassee, Fla.		City & State Tallahassee, Fl.			
Zip 32301		Country Leon		Zip 32301	
Country Leon		Country Leon			
6. Name and Address of Current Registered Agent STALLWORTH, STELLA M 1012 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
State 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: <u>Stella Stallworth</u> 10/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STALLWORTH, STELLA M 1012 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PATTERSON, PINKIE PO BOX 6734 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEVENS, VELMA PO BOX 6734 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 07		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Stella Stallworth</u> 10/26/07 850/562-9446 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					