

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUN 27 PM 4:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



06272008 Chg-NP CR2E037 (12/06)

DOCUMENT # N43447 1. Entity Name SHOWERS OF BLESSINGS OUTREACH MINISTRIES, INC.					
Principal Place of Business 1102 S ADAMS ST SUITE 8 TALLAHASSEE, FL 32301			Mailing Address 1012 PAUL RUSSELL RD TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # <i>1012 Paul Russell Rd</i>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Tallahassee FL</i>		City & State		4. FEI Number 59-3096019	
Zip <i>32301</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD STALLWORTH, STELLA M 1012 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PATTERSON, PINKIE PO BOX 6734 TALLAHASSEE, FL 32314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEVENS, VELMA PO BOX 6734 TALLAHASSEE, FL 32314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lamar Hoover 326 Lancaster Drive Tallahassee FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<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: <i>Stella M. Stallworth</i> 6/27/08 (850) 562-9446 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					