

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 22, 2009  
Secretary of State**

DOCUMENT# N43447

Entity Name: SHOWERS OF BLESSINGS OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

1012 PAUL RUSSELL RD.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1012 PAUL RUSSELL RD  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 59-3096019      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:**

**Name and Address of New Registered Agent:**

STALLWORTH, STELLA M  
1012 PAUL RUSSELL ROAD  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: STALLWORTH, STELLA M  
Address: 1012 PAUL RUSSELL ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      ( ) Delete  
Name: PATTERSON, PINKIE  
Address: PO BOX 6734  
City-St-Zip: TALLAHASSEE, FL 32314

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Delete  
Name: HOOVER, LAMAR  
Address: 326 LANCASTER DR.  
City-St-Zip: TALLAHASSEE, FL 32304

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: STELLA M. STALLWORTH

PD

09/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date