

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001594 (7)

1. Corporation Name

SHOWERS OF BLESSINGS HARVEST CENTER, INC.



Principal Place of Business

Mailing Address

1702 NE 15TH TERRACE  
GAINESVILLE FL 32609

1702 NE 15TH TERRACE  
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

59-3435783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 2615 SE 15th Street

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

25 Gainesville FL

29 Zip

Country

30 32641

31 Alachua

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, WILLIE L JR  
1702 NE 15TH TERRACE  
GAINESVILLE FL 32609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KING, WILLIE L JR  
STREET ADDRESS 1702 NE 15TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32609

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change

Addition

TITLE VD  
NAME KING, LINDA A  
STREET ADDRESS 1702 NE 15TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32609

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME BELL, BEATRICE  
STREET ADDRESS POST OFFICE BOX 1138  
CITY-ST-ZIP HIGH SPRINGS FL 32655

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME MCKAY, MATTHEW  
STREET ADDRESS 3624 SW 29TH TERRACE APT. C  
CITY-ST-ZIP GAINESVILLE FL 32608

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

TITLE S  
NAME MCKAY, TIFFANY  
STREET ADDRESS 3624 SW 29TH TERRACE APT. C  
CITY-ST-ZIP GAINESVILLE FL 32608

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME SEAVERS, NORMAN  
STREET ADDRESS 3530 SW 29TH TERRACE APT. B  
CITY-ST-ZIP GAINESVILLE FL 32608

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/98

352-375-3589

CR2E037 (5/98)

0001723

# Showers of Blessings

Harvest Center Inc.

Elder Willie L. King, Jr., Sr. Pastor

Minister Linda A. King, Pastor

Evangelist Beatrice Bell, Assistant Pastor

Evangelist Tugerson, Minister Fielder, Evangelist Hutchinson, Associate Ministers

July 26, 1998

Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

Please add and delete the names listed below for Showers of Blessings Harvest Center, Inc. Document # N97000001594 (7). FEI Number 59-3435783. Thank you for sending me the pre-printed copy.

**Add**  
Director

**Name**  
Brandon Harris

**Address**  
1923 NW 23<sup>rd</sup> Blvd  
Apt #107  
Gainesville, FL 32605

Asst. Secretary

Debra L. Williams

1926 NE 17<sup>th</sup> Drive  
Gainesville, FL 32605

**Delete**  
Director

William Hall

4627 SE 2<sup>nd</sup> Place  
Gainesville, FL 32605

Sincerely,



Willie L. King, Jr.  
President