

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90004 016 ****61.25

DOCUMENT # N97000001594

1. Corporation Name

SHOWERS OF BLESSINGS HARVEST CENTER, INC.

Principal Place of Business

2615 SE 15TH ST
GAINESVILLE FL 32609
US

Mailing Address

1702 NE 15TH TERRACE
GAINESVILLE FL 32609



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

☐ DELETE

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ 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, with all other like empowered.

SIGNATURE:

Willie L. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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

May 25, 1999

563139-9004-16
N97000001594

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 FEI Number #59-
3435783.

Add

Director

Name

Debra L. Williams

Address

1926 NE 17th Drive
Gainesville, FL 32609

Finance Secretary Maxine Word

603 Augman Ave
Archer, FL 32618

Delete

Director

Name

Mathew McKay

Address

3624 SW 29th Terr #C
Gainesville, FL 32608
3624 SW 29th Terr #C
Gainesville, FL 32608

Secretary Tiffany McKay

Ast. Secretary Debra L. Williams

1926 NE 17th Drive
Gainesville, FL 32609

Change Address

Director

Maxine Word

603 Augman Ave
Archer, FL 32618

Sincerely,

Willie L. King, Jr.
Willie L. King, Jr.
President/CEO