

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001594

1. Entity Name

SHOWERS OF BLESSINGS HARVEST CENTER, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90011 025 ****61.25

Principal Place of Business

2615 SE 15TH ST
 GAINESVILLE FL 32609
 US

Mailing Address

1702 NE 15TH TERRACE
 GAINESVILLE FL 32609-3970

2. Principal Place of Business

3. Mailing Address

2615 SE 15th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville FL

Zip

Country

Zip

Country

32641

Blacksburg

4. FEI Number

59-3435783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Willie L King
 Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/16/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WILLIAMS, DEBRA L
 1926 NE 17TH DR
 GAINESVILLE FL 32608

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 WORD, MAXINE
 603 AUGMAN AVE
 ARCHER FL 32618

TITLE ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

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

Date

Daytime Phone #

5/16/00

352-375-389

CR2E037 (9/99)

#N97000001594

Attachment 00067505 ~~4497~~

**SHOWERS OF BLESSINGS HARVEST CENTER, INC.
BOARD OF DIRECTORS AND OFFICERS**

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

CFO/Vice President/Director Linda A. King

Director/Financial Secretary Maxine Word

Director Beatrice Bell

Director Mildred Gilley

Director Norman Seavers

Director Brandon Harris

Director Debra L. Williams

Treasurer Natasha Seavers