



08-04-2004 90016 011 \*\*\*\*\*70.00

<b>DOCUMENT # N97000001594</b>						<b>Secretary of State</b>	
1. Entity Name <b>SHOWERS OF BLESSINGS HARVEST CENTER, INC.</b>						08-04-2004 90016 011 ****70.00	
Principal Place of Business <b>2615 SE 15TH ST GAINESVILLE, FL 32609 US</b>				Mailing Address <b>1702 NE 15TH TERRACE GAINESVILLE, FL 32609 US</b>		<b>54066761</b>	
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.		07292004 Chg-NP CR2E037 (10/03)	
City & State				City & State		4. FEI Number <b>59-3435783</b>	
Zip				Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>KING, WILLIE L JR 1702 NE 15TH TERRACE GAINESVILLE, FL 32609</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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)</small> DATE _____							
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
						<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, WILLIE L JR			NAME			
STREET ADDRESS	1702 NE 15TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32609			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, LINDA A			NAME			
STREET ADDRESS	1702 NE 15TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32609			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, BEATRICE			NAME			
STREET ADDRESS	POST OFFICE BOX 1138			STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS, FL 32655			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, DEBRA L			NAME			
STREET ADDRESS	1115 N.E. 26TH COURT			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32641			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORD, MAXINE			NAME			
STREET ADDRESS	2142 NE 13TH STREET			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32646			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEEVERS, NORMAN			NAME			
STREET ADDRESS	3530 SW 29TH TERRACE APT. B			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32608			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.				Harris Edward B 7215 SW 18th Place Gainesville FL 32609			
SIGNATURE: <u>Willie L King Jr</u> / <u>Willie L22 King Jr</u> 7/29/04 352-375-3582				Date Daytime Phone #			