

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90036 035 ****61.25

DOCUMENT # N97000001594

1. Entity 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 US**

00000600



DO NOT WRITE IN THIS SPACE

01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3435783

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when releasing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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	WILLIAMS, DEBRA L
STREET ADDRESS	1115 N.E. 26TH COURT
CITY - ST - ZIP	GAINESVILLE, FL 32641
TITLE	S
NAME	WORD, MAXINE
STREET ADDRESS	2142 NE 13TH STREET
CITY - ST - ZIP	GAINESVILLE, FL 32646
TITLE	D
NAME	HARRIS, EDWARD B
STREET ADDRESS	7215 SW 18TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32609

**DO NOT WRITE
IN THIS SPACE**

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 Jr

3/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #