

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001594

FILED
Mar 28, 2006
Secretary of State

Entity Name: SHOWERS OF BLESSINGS HARVEST CENTER, INC.

Current Principal Place of Business:

2615 SE 15TH ST
GAINESVILLE, FL 32609 US

New Principal Place of Business:

2615 SE 15TH ST
GAINESVILLE, FL 32641 US

Current Mailing Address:

1702 NE 15TH TERRACE
GAINESVILLE, FL 32609 US

New Mailing Address:

2615 SE 15TH STREET
GAINESVILLE, FL 32641 US

FEI Number: 59-3435783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KING, WILLIE L JR
4014 SW 26TH DRIVE APT#25
GAINESVILLE, FL 32608 US

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:

03/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, WILLIE L JR
Address: 1702 NE 15TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: VD () Delete
Name: KING, LINDA A
Address: 1702 NE 15TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: BELL, BEATRICE
Address: POST OFFICE BOX 1138
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D () Delete
Name: WILLIAMS, DEBRA L
Address: 1115 N.E. 26TH COURT
City-St-Zip: GAINESVILLE, FL 32641

Title: S () Delete
Name: WORD, MAXINE
Address: 2142 NE 13TH STREET
City-St-Zip: GAINESVILLE, FL 32646

Title: D () Delete
Name: HARRIS, EDWARD B
Address: 7215 SW 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KING, WILLIE L JR
Address: 4014 SW 26TH DRIVE APT#25
City-St-Zip: GAINESVILLE, FL 32608

Title: VD (X) Change () Addition
Name: KING, LINDA A
Address: 4014 SW 26TH DRIVE APT#25
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE L. KING JR.

CEO

03/28/2006

Electronic Signature of Signing Officer or Director

Date