

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 041 ****65.00

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1. Entity Name
SHOWERS OF BLESSINGS HARVEST CENTER, INC.



Principal Place of Business
**2615 SE 15TH ST
GAINESVILLE, FL 32641 US**

Mailing Address
**2615 SE 15TH STREET
GAINESVILLE, FL 32641 US**

60035560



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
1023 NW 101ST DRIVE
GAINESVILLE, FL 32606**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KING, WILLIE L JR
1203 NW 101ST DRIVE
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KING, LINDA A
1203 NW 101ST DRIVE
GAINESVILLE, FL 32606**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, DEBRA L
1115 N.E. 26TH COURT
GAINESVILLE, FL 32641**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FS
WORD, MAXINE
P.O. BOX 2212
GAINESVILLE, FL 32602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRIS, EDWARD B
7765 SW 57ST LANE, APT 289
GAINESVILLE, FL 32608**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

Daytime Phone # _____