

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001594

FILED
Jan 16, 2009
Secretary of State

Entity Name: SHOWERS OF BLESSINGS HARVEST CENTER, INC.

Current Principal Place of Business:

2615 SE 15TH ST
GAINESVILLE, FL 32641 US

New Principal Place of Business:

Current Mailing Address:

2615 SE 15TH STREET
GAINESVILLE, FL 32641 US

New Mailing Address:

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
1023 NW 101ST DRIVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, WILLIE L JR
Address: 1203 NW 101ST DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: KING, LINDA A
Address: 1203 NW 101ST DRIVE
City-St-Zip: GAINESVILLE, FL 32606

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: FS () Delete
Name: WORD, MAXINE
Address: P.O. BOX 2212
City-St-Zip: GAINESVILLE, FL 32602

Title: D () Delete
Name: HARRIS, EDWARD B
Address: 7765 SW 57ST LANE, APT 289
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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Title: () Change () Addition
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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 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date