

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000001594

1. Entity Name

SHOWERS OF BLESSINGS HARVEST CENTER, INC.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90175 021 \*\*\*\*66.25

0070301

Principal Place of Business  
2615 SE 15TH ST  
GAINESVILLE FL 32609  
US

Mailing Address  
1702 NE 15TH TERRACE  
GAINESVILLE FL 32609  
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 Willie L. King Jr. Willie L. King JR.  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, WILLIE L JR	
STREET ADDRESS	1702 NE 15TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, LINDA A	
STREET ADDRESS	1702 NE 15TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, BEATRICE	
STREET ADDRESS	POST OFFICE BOX 1138	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DEBRA L	
STREET ADDRESS	1926 NE 17TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	S	<input type="checkbox"/> Delete
NAME	WORD, MAXINE	
STREET ADDRESS	603 AUGMAN AVE	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEEVERS, NORMAN	
STREET ADDRESS	3530 SW 29TH TERRACE APT. B	
CITY-ST-ZIP	GAINESVILLE FL 32608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilley, Mildred	
STREET ADDRESS	P.O. Box 2033	
CITY-ST-ZIP	O'ville, FL. 32602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harris, Edward B.	
STREET ADDRESS	7215 SW 18th place	
CITY-ST-ZIP	Gainesville, FL. 32609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Debra L.	
STREET ADDRESS	1115 N.E. 26th Court	
CITY-ST-ZIP	Gainesville, FL. 32641	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Word, Maxine	
STREET ADDRESS	2142 NE 13th street	
CITY-ST-ZIP	Gainesville, FL. 32646	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Linda Williams King  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 375-3589

Date Daytime Phone #

CR2E037 (10/02)