

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005518

1. Entity Name
SHOWERS TO SUNFLOWERS, INC.



Principal Place of Business
3407 GLORY ROAD
QUINCY, FL 32353

Mailing Address
P O BOX 1461
QUINCY, FL 32353

DO NOT WRITE IN THIS SPACE



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLOMAN, TOMMISENIA W
1605 W ELM ST
QUINCY, FL 32353

**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, 2006

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
HOLLOMAN, TOMMISENIA W
1605 W. ELM STREET
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BELL, ETHEL L
206 VALLEY DRIVE
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ELIAS, RAYFIELD
440 CIRCLE DR
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WATSON, MAGGIE
516 THOMAS ST
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

01/24/06-80009-006 61.25

**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: Tommisenia W. Holloman Tommisenia W. Holloman 1/13/06 856-5798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #