

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005518

FILED
Apr 30, 2008
Secretary of State

Entity Name: SHOWERS TO SUNFLOWERS, INC.

Current Principal Place of Business:

3407 GLORY ROAD
QUINCY, FL 32353

New Principal Place of Business:

3407 GLORY ROAD
QUINCY, FL 32352

Current Mailing Address:

P O BOX 1461
QUINCY, FL 32353

New Mailing Address:

FEI Number: 59-3528236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOMAN, TOMMISENIA W
1605 W ELM ST
QUINCY, FL 32353 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: HOLLOMAN, TOMMISENIA W
Address: 1605 W. ELM STREET
City-St-Zip: QUINCY, FL 32351

Title: SD () Delete
Name: BELL, ETHEL L
Address: 206 VALLEY DRIVE
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: ELIAS, RAYFIELD
Address: 440 CIRCLE DR
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: WATSON, MAGGIE
Address: 516 THOMAS ST
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRY, VERA
Address: 146 PEOPLE ROAD
City-St-Zip: QUINCY, FL 32352

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 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: VERA FRYE

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date