

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005099

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** SHOWERS OF BLESSING MINISTRIES CHURCH OF GOD IN CHRIST, INC.

**Current Principal Place of Business:**

5008 NW 57TH WAY  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

612 N W 6 STREET  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

5008 NW 57TH WAY  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 65-0935174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JONES, CLARENCE  
5008 NW 57TH WAY  
CORAL SPRINGS, FL 33067 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: JONES, CLARENCE  
Address: 5008 NW 57TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD ( ) Delete  
Name: SENATE, ANTOINETTE L  
Address: 155 NE 16TH ST., APT. 2  
City-St-Zip: FT. LAUDERDALE, FL 33064

Title: TD ( ) Delete  
Name: EUSTACHE, JONAHAN ROBERT  
Address: 718 NW 6TH ST., APT. 5  
City-St-Zip: POMPANO BEACH, FL 33060

**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:

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: CLARENCE JONES

PD

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date