

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/29/00-90094-012-\$61.25-\$61.25\*

DOCUMENT # N99000006911

1. Entity Name

SHOWERS OF BLESSINGS CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

630 N.E. 40TH ST.  
POMPANO BEACH FL 33064

630 N.E. 40TH ST.  
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-0122675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACK, DANIEL  
630 N.E. 40TH ST.  
POMPANO BEACH FL 33064

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D-P  
MACK, DANIEL  
630 N.E. 40TH ST.  
POMPANO BEACH FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
DARNELL MACK / President  
630 N.E. 40th St  
Pomp. Bch. FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D-S  
WILSON, JENNIFER  
3821 N.W. 21ST ST., #110  
LAUDERDALE LAKES FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Wilson Jennifer  
3821 N.W. 21st #110  
Lauderdale Lakes SEC.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D-V P  
MACK, ELAINE  
630 N.E. 40TH ST.  
POMPANO BEACH FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.V  
ELAINE MACK  
630 N.E. 40th St V/P  
Pomp. Bch FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOBLEY, SALLY  
1428 N.W. 6 AVE.  
FT. LAUDERDALE FL 33311-6058

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GILES, AMOS  
624 N.W. 20 ST.  
POMPANO BEACH FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Patricia Harris  
2360 N.W. 37 Ave  
COCONUT CREEK FL 33066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Patricia Harris  
2360 N.W. 37th Ave  
Coconut CK FL 33066

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DARNELL MACK 2/3/00 KE

Date

Daytime Phone #

FILED

00 MAR 27 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE