

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117907

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SHOWERS OF BLESSING CHILDCARE & LEARNING CENTER, INC.

## Current Principal Place of Business:

1518 NORTHWEST 17TH AVENUE  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

1518 NORTHWEST 17TH AVENUE  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 75-3249554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, JONIECE  
22134 BRADDOCK PLACE  
BOCA RATON, FL 33428 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOHNSON, JONIECE  
Address: 22134 BRADDOCK PLACE  
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete  
Name: JOHNSON, NATHANIAL  
Address: 22134 BRADDOCK PLACE  
City-St-Zip: BOCA RATON, FL 33428

Title: S ( ) Delete  
Name: SHIVERS, JOAN  
Address: 505 NW 7TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: T ( ) Delete  
Name: HEATH, WILLIE RUTH  
Address: 2010 NW 6TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: S ( ) Delete  
Name: FLOYD, DONNA  
Address: 1031 SW 8TH AVE.  
City-St-Zip: DEERFIELD BEACH, FL 33441

## 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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONIECE JOHNSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date