

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001594

**Entity Name:** SHOWERS OF BLESSINGS HARVEST CENTER, INC.**Current Principal Place of Business:**2615 SE 15TH ST  
GAINESVILLE, FL 32641**Current Mailing Address:**2615 SE 15TH STREET  
GAINESVILLE, FL 32641 US**FEI Number:** 59-3435783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KING, WILLIE LJR  
1203 NW 101ST DRIVE  
GAINESVILLE, FL 32606 US*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            KING, WILLIE LJR  
Address        1203 NW 101ST DRIVE  
City-State-Zip: GAINESVILLE FL 32606

Title            VP, CFO  
Name            KING, LINDA A  
Address        1203 NW 101ST DRIVE  
City-State-Zip: GAINESVILLE FL 32606

Title            DIRECTOR  
Name            SHEPPARD, BEATRICE  
Address        7418 SE 226 WAY  
City-State-Zip: HAWTHORNE FL 32640

Title            DIRECTOR AND TREASURER  
Name            WILLIAMS, DEBRA L  
Address        1115 N.E. 26TH COURT  
City-State-Zip: GAINESVILLE FL 32641

Title            DIRECTOR  
Name            HARRIS, EDWARD B  
Address        4331 NW 1ST COURT ROAD  
City-State-Zip: OCALA FL 34475

Title            DIRECTOR  
Name            GILLEY, MILDRED  
Address        1702 NE 15TH TERRACE  
City-State-Zip: GAINESVILLE FL 32609

Title            FINANCIAL OFFICER AND  
SECRETARY  
Name            KING, MAXINE V  
Address        PO BOX 487  
City-State-Zip: ARCHER FL 32618

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA KING

VP

02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date