

2025 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**CFO****04/28/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date