

2015 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 FINANCIAL OFFICER
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 CORRESPONDING SECRETARY
Name MACK, LYDIA Y
Address 3227 SE CR 234
City-State-Zip: GAINESVILLE FL 32641

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 A KING**V PRES****04/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date