

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011200

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SHIELD MINISTRIES, INC.

**Current Principal Place of Business:**

983 CASTILE RD., SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

983 CASTILE RD., SE  
PALM BAY, FL 32909

**New Mailing Address:**

**FEI Number:** 77-0705192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIATOS, KATHLEEN M.  
983 CASTILE RD., SE  
PALM BAY, FL 32909 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LIATOS, KATHLEEN M.  
Address: 983 CASTILE RD., SE  
City-St-Zip: PALM BAY, FL 32909

Title: D  
Name: LIATOS, JAMES R.  
Address: 983 CASTILE RD., SE  
City-St-Zip: PALM BAY, FL 32909

Title: D  
Name: VISE, RUTH  
Address: 983 CASTILE RD., SE  
City-St-Zip: PALM BAY, FL 32909

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:** KATHLEEN M. LIATOS

D

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date