

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010667

FILED
Apr 27, 2006
Secretary of State

Entity Name: SHIELD OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

1822 EAST PARK CIRCLE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1822 EAST PARK CIRCLE
TAMPA, FL 33610

New Mailing Address:

1081 SW 93RD AVE
PLANTATION, FL 33324

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOMBS, JODY
1822 EAST PARK CIRCLE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

COOMBS, JODY
1081 SW 93RD AVE
PLANTATION, FL 33324 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: JODY COOMBS

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COOMBS, JODY
Address: 1822 EAST PARK CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: VP () Delete
Name: COOMBS, SHARON
Address: 1822 EAST PARK CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: DESVIGNES, IAN
Address: 6734 WATERTON DRIVE
City-St-Zip: RIVERVIEWE, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COOMBS, JODY
Address: 1081 SW 93RD AVE
City-St-Zip: PLANTATION, FL 33324

Title: VP (X) Change () Addition
Name: COOMBS, SHARON
Address: 1081 SW 93RD AVE
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY COOMBS

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date