


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90003 036 ****75.00

DOCUMENT # N06000012914	
1. Entity Name THE SHIELD OF FAITH WINNING SOULS FOR CHRIST, MINISTRIES INC.	

Principal Place of Business 4412 MONCRIEF ROAD JACKSONVILLE FL 32209	Mailing Address 4104 CONNIE STREET JACKSONVILLE FL 32209
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2. Principal Place of Business - No P.O. Box # 1991 West 23rd Street	3. Mailing Address 4104 Connie Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/07)

City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32209	Country Dual

4. FEI Number 20-8082601	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PASSMORE, MONICA 4104 CONNIE STREET JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P PASSMORE, MONICA P 4104 CONNIE STREET JACKSONVILLE FL 32209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TREA AFAMEFUNE, MONICA 4104 CONNIE STREET JACKSONVILLE FL 32209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SEC COPELAND, LOUIS 4104 CONNIE STREET JACKSONVILLE FL 32209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Monica Passmore	Date: 8/24/2007	Phone: 904) 764-9043
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