2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N06000012914

Entity Name: THE SHIELD OF FAITH WINNING SOULS FOR CHRIST, MINISTRIES INC.

Current Principal Place of Business:

7960 RONDO AVE
JACKSONVILLE, FL 32219

New Principal Place of Business:

1960 EVERGREEN AVENUE
JACKSONVILLE, FL 32206

Current Mailing Address:

4104 CONNIE STREET
JACKSONVILLE, FL 32209

New Mailing Address:

P.O. BOX 6148
JACKSONVILLE, FL 32236

FEI Number: 20-8082601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PASSMORE, MONICA
4104 CONNIE STREET
JACKSONVILLE, FL 32209 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: P ( ) Delete
Name: PASSMORE, MONICA P
Address: 4104 CONNIE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TREA ( ) Delete
Name: AFAMEFUNE, MONICA
Address: 4104 CONNIE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SEC ( ) Delete
Name: COPELAND, LOUIS
Address: 4104 CONNIE STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MONICA P. PASSMORE P 06/30/2009
Electronic Signature of Signing Officer or Director — Date