

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21836

(4)

1. Corporation Name

SHIELD A CHILD MISSION, INC.



Principal Place of Business

Mailing Address

300 S WASHINGTON AVE.
P O BOX 6697
TITUSVILLE FL 32782-3697

300 S WASHINGTON AVE.
P O BOX 6697
TITUSVILLE FL 32782-3697

3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 5159 50. Washington Ave 26 PO BOX 6697
Suite, Apt. #, etc.

22 City & State 27 City & State
Titusville, Fla. Titusville, Fla.

23 Zip Country 28 Zip Country
32780 32782

24 25 29 30

4. FEI Number

59-2864337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRULEY, E. ALICE
3543 BREVARD RD.
MIMS FL 32754

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VR
NAME DRULEY, DONALD W
STREET ADDRESS 3543 BREVARD ROAD
CITY-ST-ZIP MIMS FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PR
NAME DRULEY, ALICE
STREET ADDRESS 3543 BREVARD ROAD
CITY-ST-ZIP MIMS FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MOATS, LINDA
STREET ADDRESS 1018 ALVINE STREET
CITY-ST-ZIP PORT ST JOHN FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MOATS, FRED
STREET ADDRESS 1018 ALBINE ST
CITY-ST-ZIP PORT ST. JOHN FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MORRIS, MITCHELL
STREET ADDRESS 4012 HOLDEN PARK DRIVE
CITY-ST-ZIP MIMS FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Alice Druley, P. - E. Alice Druley, P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 (407) 383-4082
Date Daytime Phone

CR2E037 (12/95)