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FILED

Mar 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

5159 S WASHINGTON AVE  
TITUSVILLE FL 32780  
US

Mailing Address

PO BOX 6697  
TITUSVILLE FL 32782-6697  
US

2. Principal Place of Business

21 1035 Cheney Hwy  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City &amp; State

23 Titusville FL  
Zip

24 32782 25 Brevard

27 City &amp; State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
06/30/19873a. Date of Last Report  
03/08/19964. FEI Number  
59-2864337Applied For  
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE VR  
NAME DRULEY, DONALD W  
STREET ADDRESS 3543 BREVARD ROAD  
CITY-ST-ZIP MIMS FL☐ DELETETITLE PR  
NAME DRULEY, ALICE  
STREET ADDRESS 3543 BREVARD ROAD  
CITY-ST-ZIP MIMS FL☐ DELETETITLE D  
NAME MOATS, LINDA  
STREET ADDRESS 1018 ALVINE STREET  
CITY-ST-ZIP PORT ST JOHN FL☐ DELETETITLE D  
NAME MOATS, FRED  
STREET ADDRESS 1018 ALVINE ST  
CITY-ST-ZIP PORT ST. JOHN FL☐ DELETETITLE D  
NAME MORRIS, MITCHELL  
STREET ADDRESS 4012 HOLDEN PARK DRIVE  
CITY-ST-ZIP MIMS FL☒ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 - E. Alice Druley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3-4-97 (407) 383-4012  
Date Daytime Phone # 0018201

CR2E037 (9/96)