

1-28-98 B 0966 C
FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21836 (4)
 1. Corporation Name
SHIELD A CHILD MISSION, INC.



Principal Place of Business 2035 CHENEY HIGHWAY TITUSVILLE FL 32782 US	Mailing Address PO BOX 6697 TITUSVILLE FL 32782 US
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3. Date Incorporated or Qualified 06/30/1987
4. FEI Number 59-2864337
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRULEY, DONALD W	1.2 NAME	
STREET ADDRESS	3543 BREVARD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	1.4 CITY-ST-ZIP	
TITLE	PR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRULEY, ALICE	2.2 NAME	
STREET ADDRESS	3543 BREVARD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATS, LINDA	3.2 NAME	
STREET ADDRESS	1018 ALBINE STREET <i>ALBINE</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOHN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATS, FRED	4.2 NAME	
STREET ADDRESS	1018 ALBINE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOHN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, JEAN	5.2 NAME	
STREET ADDRESS	665 ACORN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Rev. E. Alice Druley - as Alice Druley* **SIGNATURE REQUIRED** *1-13-1998* *(407) 383-4082*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015163

CR2E037 (10/97)