

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
--	---	---

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

3. Date Incorporated or Qualified

06/30/1987

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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

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

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

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

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

TITLE D ☐ DELETE
NAME **NOLAN, JEAN**
STREET ADDRESS **665 ACORN ST**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 - Rev. Alice Druley*

1-13-1998

(407) 383-4082

Date

Daytime Phone # 0015163

CR2E037 (10/97)