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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90216 049 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21836**

1. Corporation Name

**SHIELD A CHILD MISSION, INC.**

168162 - 90216 - 49

Principal Place of Business

2035 CHENEY HIGHWAY  
TITUSVILLE FL 32782  
US

Mailing Address

PO BOX 6697  
TITUSVILLE FL 32782  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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** ☐ 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**  
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, with all other like empowered.

SIGNATURE: *E. Alice Druley* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-10-99* (407) 383-4082  
Date Daytime Phone #

CR2E037 (1/198)