

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21836

1. Entity Name

SHIELD A CHILD MISSION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90034 018 ****61.25

Principal Place of Business

Mailing Address

2035 CHENEY HIGHWAY
 TITUSVILLE FL 32782
 US

PO BOX 6697
 TITUSVILLE FL 32782-6697
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1313 S. Washington Ave.
 Suite, Apt. #, etc.
 #C

Suite, Apt. #, etc.

City & State

City & State

Titusville, FL

4. FEI Number

59-2864337

Applied For

Not Applicable

Zip

32780

Country

Brevard

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME Morris Mitchell "D-C"
 STREET ADDRESS 4012 Holder Park Dr.
 CITY-ST-ZIP Mims, Fl 32954

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

1-26-2000 (321) 383-4682
 Date Daytime Phone #

CR2E037 (9/99)