

# 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

2. Principal Place of Business

3. Mailing Address

1313 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 32754

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)(i), 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

Date

(321) 383-4682

Daytime Phone #

CR2E037 (9/99)