

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33593

1. Entity Name

SHIELD OF FAITH MINISTRIES (PENTECOSTAL HOLINESS)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90170 049 ****61.25

Principal Place of Business

Mailing Address

C/O RICHARD RUSS
1623 MINNIE STREET
COCOA FL 32926

C/O RICHARD RUSS
1623 MINNIE STREET
COCOA FL 32926-5514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2387898

Applied For

Not Applicable

Zip

Country

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

RUSS, RICHARD
1623 MINNIE STREET
COCOA FL 32926

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 PD
NAME RUSS, RICHARD S.
STREET ADDRESS 1623 MINNIE STREET
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME RUSS, PEGGY S.
STREET ADDRESS 1623 MINNIE STREET
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD
NAME PITTMAN, JOHN C.
STREET ADDRESS 3135 EDGEWOOD DR. N.E.
CITY-ST-ZIP PALM BAY FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

John C. Pittman TREASURER 2/24/00 (321) 632-6921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)