

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91706 045 ****61.25

DOCUMENT # N33593

1. Entity Name

**SHIELD OF FAITH MINISTRIES (PENTECOSTAL HOLINESS
) CHURCH, INC.**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2387898

Applied For

Not Applicable

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 \$61.259. 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	☐ Delete
NAME	RUSS, RICHARD S.	
STREET ADDRESS	1623 MINNIE STREET	
CITY-ST-ZIP	COCOA FL	

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

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

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

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

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
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TITLE		☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/02

321-632-6820

CR2E037 (9/01)