

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33593

FILED  
Jul 01, 2004  
Secretary of State

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

**Current Principal Place of Business:**

C/O RICHARD RUSS  
1623 MINNIE STREET  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICHARD RUSS  
1623 MINNIE STREET  
COCOA, FL 32926

**New Mailing Address:**

**FEI Number:** 59-2387898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSS, RICHARD  
1623 MINNIE STREET  
COCOA, FL 32926

**Name and Address of New Registered Agent:**

RUSS, RICHARD S PASTOR  
1623 MINNIE STREET  
COCOA, FL 32926

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: PASTOR RICHARD S. RUSS

07/01/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUSS, RICHARD S.,  
Address: 1623 MINNIE STREET  
City-St-Zip: COCOA, FL

Title: VD ( ) Delete  
Name: RUSS, PEGGY S.,  
Address: 1623 MINNIE STREET  
City-St-Zip: COCOA, FL

Title: TSD ( ) Delete  
Name: PITTMAN, JOHN C.,  
Address: 382 BROOKCREST CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR RICHARD S. RUSS

PD

07/01/2004

Electronic Signature of Signing Officer or Director

Date