

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 3-18-96 B-2361 DIVISION OF CORPORATIONS C

DOCUMENT # **N35095** (1)
1. Corporation Name
THE SHIELD OF FAITH PENTECOSTAL CHURCH, INC.



Principal Place of Business: 3802 F BRYN-MAWR ORLANDO FL 32808 US
Mailing Address: % PEREZ, LUIS J. 1564 LAWDALE CIR WINTER PARK FL 32792 US

3. Date Incorporated or Qualified: 11/08/1989
3a. Date of Last Report: 03/15/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number: 59-2986310	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEREZ, LUIS J. 1564 LAWDALE CIR WINTER PARK FL 32792				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, LUIS J.	1.2 NAME	
STREET ADDRESS	1564 LAWDALE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SARA M.	2.2 NAME	
STREET ADDRESS	1564 LAWDALE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	STSA <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, CARMEN	3.2 NAME	Roberto Ramirez
STREET ADDRESS	3736-6 PRAIRIE FOX LANE	3.3 STREET ADDRESS	162 Saint Johns circle #202
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Fern Park FL 32730
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, MANUEL	4.2 NAME	
STREET ADDRESS	41 W. ALBATROSS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, CELIA	5.2 NAME	
STREET ADDRESS	41 W. ALBATROSS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 3/11/96 Daytime Phone #: 657-657

CR2E037 (12/95)