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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N35095 (1)  
1. Corporation Name

THE SHIELD OF FAITH PENTECOSTAL CHURCH, INC.



Principal Place of Business Mailing Address  
3802 F BRYN-MAWR ORLANDO FL 32808 US  
% PEREZ, LUIS J. 1564 LAWDALE CIR WINTER PARK FL 32792-6187 US

3. Date Incorporated or Qualified 11/08/1989  
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address

21 5230 Indian Hill Rd. 26 Suite, Apt. #, etc.

22 orlando, FL 27 City & State

23 24 32808 25 US 29 30

4. FEI Number 59-2986310 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Zip Code

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

Signature of principal or power of attorney of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME PEREZ, LUIS J.  
STREET ADDRESS 1564 LAWDALE CIR  
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VTO  
NAME PEREZ, SARA M.  
STREET ADDRESS 1564 LAWDALE CIR  
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TT  
NAME RAMIREZ, ROBERTO  
STREET ADDRESS 162 ST. JOHNS CIRCLE #202  
CITY-ST-ZIP FERN PARK FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TT Hector Cruz  
2317 Tinian Ave.  
Orlando, FL. 32822

TITLE ASD  
NAME RUIZ, MANUEL  
STREET ADDRESS 41 W. ALBATROSS ST.  
CITY-ST-ZIP APOPKA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ASD  
NAME RUIZ, CELIA  
STREET ADDRESS 41 W. ALBATROSS ST  
CITY-ST-ZIP APOPKA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015518

CR2E037 (9/96)