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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35095

1. Corporation Name
THE SHIELD OF FAITH PENTECOSTAL CHURCH, INC.

Principal Place of Business
5230 INDIAN HILL ROAD
ORLANDO FL 32808
US

Mailing Address
% PEREZ, LUIS J.
1564 LAWDALE CIR
WINTER PARK FL 32792
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 Jose L. Martinez, REV.	11/08/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 934 Ardillita court	59-2986310
City & State	City & State	Applied For
23	28 Winter Springs, FLA	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	29 32708	30 US
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	Jose L. Martinez, REV.
		82 Street Address (P.O. Box Number is Not Acceptable)	934 Ardillita court
		83	
		84 City	Winter Springs, FL
		85 Zip Code	32708

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 Jose L. Martinez, REV. *Jose L. Martinez* DATE 3/9/1999.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, LUIS J.	1.2 NAME	Jose L. Martinez, REV
STREET ADDRESS	1564 LAWDALE CIR	1.3 STREET ADDRESS	1701 Lee Road, Heddea Pond, apt 22F
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park, FLA 32789
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SARA M.	2.2 NAME	Epifania Martinez
STREET ADDRESS	1564 LAWDALE CIR	2.3 STREET ADDRESS	1701 Lee Road, Heddea Pond, apt 22F
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Winter Park, FLA 32789
TITLE	TT <input type="checkbox"/> DELETE	3.1 TITLE	STT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, HECTOR	3.2 NAME	Rosa Valentin
STREET ADDRESS	2317 TINIAN AVE	3.3 STREET ADDRESS	934 Ardillita court
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Winter Springs, FLA 32708
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, MANUEL	4.2 NAME	Antonio Velazquez
STREET ADDRESS	41 W. ALBATROSS ST.	4.3 STREET ADDRESS	1520 Sunset View Court
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Apopka, FLA 32703
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 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 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, with all other like empowered.

SIGNATURE: *Jose L. Martinez* SIGNATURE REQUIRED 3/9/1999. (407)629-6489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)