

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90019 001 ****70.00

0012890

DOCUMENT # N35095

1. Entity Name

MISSIONARY CHRISTIAN, SHIELD OF FAITH CHURCH, IN C.

Principal Place of Business

**5230 INDIAN HILL ROAD
 ORLANDO FL 32808
 US**

Mailing Address

**JOSE L MARTINEZ REV
 3975 SIGNAL HILL RD
 ORLANDO FL 32808
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Orlando Negrón
 Suite, Apt. #, etc.

509 Bablonica Dr.

City & State

Orlando Fl. 32807

Zip

Country

4. FEI Number **59-2986310**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, JOSE L REV
 3975 SIGNAL HILL RD
 ORLANDO FL 32808-2626**

7. Name and Address of New Registered Agent

Name

Orlando Negrón

Street Address (P.O. Box Number is Not Acceptable)

509 Bablonica Dr.

City

City

FL

Zip Code

32807

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 **ORLANDO NEGRON**

Signature, typed or printed name of registered agent and title if applicable.

Orlando Negrón

(NOTE: Registered Agent signature required when reinstating)

3-3-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **PTD** Delete
 NAME **MARTINEZ, JOSE L REV**
 STREET ADDRESS **3975 SIGNAL HILL RD**
 CITY-ST-ZIP **ORLANDO FL 32808-2626**

TITLE **VTD** Delete
 NAME **MARTINEZ, EPIFANIA**
 STREET ADDRESS **3975 SIGNAL HILL RD**
 CITY-ST-ZIP **ORLANDO FL 32808-2626**

TITLE **STT** Delete
 NAME **CARRAQUILLO, RAMON**
 STREET ADDRESS **2141 SAN JOSE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **ASD** Delete
 NAME **VAZQUEZ, ANGEL**
 STREET ADDRESS **100 CAMDEN RD**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **ASD** Delete
 NAME **REYES, FELICITA**
 STREET ADDRESS **1764 CHATHAM CIR**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** Change Addition
 NAME **Orlando Negrón Rev.**
 STREET ADDRESS **509 Bablocica Dr.**
 CITY-ST-ZIP **Orlando Fl. 32807**

TITLE **VTD** Change Addition
 NAME **Ramonita Negrón**
 STREET ADDRESS **509 Bablonica Dr.**
 CITY-ST-ZIP **Orlando Fl. 32807**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: *Orlando Negrón*

3-3-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)