


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 26 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35095 1. Entity Name MISSIONARY CHRISTIAN, SHIELD OF FAITH CHURCH, INC.	
--	---

Principal Place of Business 5230 INDIAN HILL ROAD ORLANDO, FL 32808 US	Mailing Address 3975 SIGNAL HILL ROAD ORLANDO, FL 32808 US
--	--

REINSTATEMENT *06*



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>3810 Indian Wood Rd</i> Suite, Apt. #, etc.
---	---

10312006 REIN-NP CR2E099 (11/05)

City & State City & State <i>Orlando Fl.</i>	4. FEI Number 59-2986310
--	-----------------------------

Applied For
Not Applicable

Zip <i>32808-2323</i>	Country	Zip <i>32808-2323</i>	Country
------------------------------	---------	------------------------------	---------

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

6. Name and Address of Current Registered Agent MARTINEZ, JOSE L 3975 SIGNAL HILL ROAD ORLANDO, FL 32808	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose L. Martinez* 12-21-06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete MARTINEZ, JOSE L 3975 SIGNAL HILL RD ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Martinez, Jose L. 3810 Indian Wood Rd Orlando Fl. 32808-2323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete MARTINEZ, EPHYFANIA 3975 SIGNAL HILL RD ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Martinez, Ephyfania 3810 Indian Wood Rd Orlando Fl 32808-2323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT <input type="checkbox"/> Delete CARRAQUILLO, RAMON 2141 SAN JOSE BLVD ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082776796 12/26/06--01041--016 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <input type="checkbox"/> Delete VAZQUEZ, ANGEL 100 CAMDEN RD ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <input type="checkbox"/> Delete REYES, FELICITA 1764 CHATHAM CIR APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jose L. Martinez* 12-21-06
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #