

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35095

FILED  
Feb 27, 2012  
Secretary of State

**Entity Name:** MISSIONARY CHRISTIAN, SHIELD OF FAITH CHURCH, INC.

**Current Principal Place of Business:**

2762 APOPKA BLVD.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

3521 PINE HILLS RD.  
ORLANDO, FL 32808 US

**Current Mailing Address:**

2099 ASHLAND BLVD.  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 59-2986310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALDONADO, WILSON REV.  
2099 ASHLAND BLVD  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: REV.  
Name: MALDONADO, WILSON  
Address: 2099 ASHLAND BLVD  
City-St-Zip: ORLANDO, FL 32808

Title: SEC.  
Name: HUERTAS, MINERVA  
Address: 3928 WD JUDGE DRIVE APT.#34  
City-St-Zip: ORLANDO, FL 32808

Title: TD  
Name: VAZQUEZ, YVETTE  
Address: 100 CAMDEN RD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SUB  
Name: MALDONADO, ANA SUB SEC  
Address: 2099 ASHLAND BLVD.  
City-St-Zip: ORLANDO, FL 32808 US

Title: SUB  
Name: REYES, FELICITA SUB.TRE  
Address: 1764 CHATHAM CIRCLE  
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILSON MALDONADO

REV.

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date