

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90103 035 \*\*\*\*70.00



CHECK HERE IF MAKING CHANGES

**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  
**ARLANDO NEGRON  
509 BABLONICA DR  
ORLANDO FL 32807  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**3975 Signal Hill Rd.**  
Suite, Apt. #, etc.

City & State  
**Orlando, Florida**

Zip  
**32808**

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  
**NEGRON, ORLANDO  
509 BABLONICA DR  
ORLANDO FL 32807**

7. Name and Address of New Registered Agent  
Name **Jose Luis Martinez**  
Street Address (P.O. Box Number is Not Acceptable)  
**3975 Signal Hill Rd.**  
City **Orlando** FL Zip Code **32808**

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 Luis Martinez* **2-3-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	NEGRON, ORLANDO REV	
STREET ADDRESS	509 BABLOCICA DR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	NEGRON, RAMONITA	
STREET ADDRESS	509 BABLOCICA DR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	STT	<input type="checkbox"/> Delete
NAME	CARRAQUILLO, RAMON	
STREET ADDRESS	2141 SAN JOSE BLVD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, ANGEL	
STREET ADDRESS	100 CAMDEN RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	REYES, FELICITA	
STREET ADDRESS	1764 CHATHAM CIR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Luis Martinez	
STREET ADDRESS	3975 Signal Hill Rd.	
CITY-ST-ZIP	Orlando FL 32808	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Epyfania Martinez	
STREET ADDRESS	3975 Signal Hill Rd.	
CITY-ST-ZIP	Orlando FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose Luis Martinez* **1-3-03**

CR2E037 (10/02)