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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9200000343 (5)

THE SWORD AND THE SHIELD, INC.

FILED May 06 1998 8:00am Secretary of State

| | | Mailing Addres | | | | | | |
|---|---|------------------------------------|------------------------|--|--|--|-------------|------------------------|
| PO BOX 149 CLARKSVILLE FL 32430 | | PO BOX 149 CLARKSVILLE FL 32430 | | | | 3. Date Incorporated or Qualified 11/17/1992 | | |
| | | | | | | 4. FEI Number | | Applied For |
| | | | | | | 59-3157835 | | Not Applicab |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | | | 5. Certificate of Status Desired | | Additional Required |
| Suite, Apt. | #, etc. | Suite, Apt. | #, etc. | | | Election Campaign Financing | |) May Be |
| 22 | - | 27 | | | | Trust Fund Contribution | | to Fees |
| City & State | ie . | City & State | 8 | | | 7. Is this nonprofit corporation a homeowne | rs associat | tion? |
| 23 | | 28 | | | | ☐ Yes | □ No | |
| Zip | Country | Zip | | Country | 1 | 8. This corporation owes or has paid the cu | | |
| 24 | 25 | [29] | | 30 | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Yes | ☐ No |
| | 9. Name and Address of Curr | ent Registered Agent | <u> </u> | | , <u></u> | 10. Name and Address of New Registered | Agent | |
| | | | | 81 | Name | | | |
| WILLIAMS, RALPH T HIGHWAY 275 N | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| CLARKS | SVILLE FL 32430 | | | 83 | | | | |
| | | | | 84 | City | | 85 Zi | p Code |
| | | | | •• | "" | FL | . 60 24 | p 2000 |
| SIGNATURE | m familiar with, and accept the obli- signature, typed or printed name of registered a | | | | | rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap | | |
| | | | | E Registered Apr | eni signature regi | uired when reinstating) DATE | | |
| 12. | OFFICERS A | ND DIRECTORS | (NOTI | 13. | eni signature requ | uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | DIRECTO | ORS IN 12 |
| | OFFICERS A | | DELETE | | eni signatura requ | | DIRECTO | |
| | | | | 13. | eni signature requ | | | |
| TITLE NAME | PD | | | 13. 1.1 TITLE 1.2 NAME | | | | |
| TITLE NAME STREET ADDRESS | PD Williams, Ralph T | | | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | ADDRESS | | | |
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6. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 1.19.07 (Spt), Fibrida Statutes: Indition of 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.

SIGNATURE

Robsh J. Williams 1

Adah T. Williams

4/27/18 674-5487