

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33593

**Entity Name:** SHIELD OF FAITH MINISTRIES (PENTECOSTAL HOLINESS)  
CHURCH, INC.**FILED**  
**Feb 25, 2021**  
**Secretary of State**  
**5194865507CC****Current Principal Place of Business:**1623 MINNIE STREET  
COCOA, FL 32926**Current Mailing Address:**1623 MINNIE STREET  
COCOA, FL 32926**FEI Number: 59-2387898****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RUSS, RICHARD S PASTOR  
1623 MINNIE STREET  
COCOA, FL 32926 US*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: RICHARD S RUSS****02/25/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |                 |                                  |
|-----------------|-----------------------|-----------------|----------------------------------|
| Title           | PRES                  | Title           | VP                               |
| Name            | RICHARD S. RUSS       | Name            | SAMARA BROOKE ROBERTS            |
| Address         | 1623 MINNIE STREET    | Address         | 1850 BASSETT STREET<br>UNIT 1026 |
| City-State-Zip: | COCOA FL 32926        | City-State-Zip: | DENVER CO 80202                  |
| Title           | DIR.                  | Title           | DIR.                             |
| Name            | SPELLMEYER, JOEL F    | Name            | ROBERT LEON SMITH                |
| Address         | 1223 WENTWORTH CIRCLE | Address         | 995 PINSON BLVD.                 |
| City-State-Zip: | ROCKLEDGE FL 32955    | City-State-Zip: | ROCKLEDGE FL 32955               |

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: RICHARD SHAHANE RUSS****CEO/PASTOR****02/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date