	l entity submits this statement for the purpose of changing i	ts registered office or regis	lered agent, or both, in the State of P	ionua.
SIGNATURE	RAQUEL SANTANA-ORTIZ			03/21/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PASTOR	Title	DEACONESS	
Name	SANTANA-ORTIZ, RAQUEL	Name	NUNEZ, ROSAURA	
Address	6819 LIMPKIN DR	Address	6435 JACKWOOD COURT	
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32818	
Fitle	ASST. TREASURER	Title	OTHER	
Name	REYES, FELICITA	Name	CABAN, WILFREDO	
Address	1764 CHATHAM CIRCLE	Address	6819 LIMPKIN DR	
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	ORLANDO FL 32810	
Title	DEACON	Title	SECRETARY	
Name	GERENA, JOSE	Name	HUERTAS, MINERVA	
Address	2858 POWER DR #73	Address	3928 W.D JUDGE DR. 34	
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	ORLANDO FL 32808	
Title	TREASURER			
Name	GARCIA, SUEHAIL			
Address	10102 OAK CREST RD			
City-State-Zip:	ORLANDO FL 32829			

## 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT** DOCUMENT# N35095

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

#### **Current Principal Place of Business:**

3521 N. PINE HILLS RD. ORLANDO, FL 32808

## **Current Mailing Address:**

P.O. BOX 247 CLARCONA, FL 32710-0247 US

# FEI Number: 59-2986310

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

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: RAQUEL SANTANA-ORTIZ	PASTOR
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Electronic Signature of Signing Officer/Director Detail

FILED Mar 21, 2022 Secretary of State 6136711059CC

Certificate of Status Desired: Yes

03/21/2022 Date