

N01107456
Date Filed: 8/16/2014
Jason Kander
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2014

N01107456
 Shield of Hope
 KARLA MILLER
 9620 LACKLAND
 ST. LOUIS MO 63114

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>	
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *	
	<u>9620 Lackland Rd.</u> (Required)	
	STREET	
	<u>Saint Louis MO 63114</u>	
	CITY / STATE	ZIP

2	<p>If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.</p> <p><input type="checkbox"/> The new registered agent _____</p> <p>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</p> <p><input type="checkbox"/> The new registered office address _____</p> <p>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</p>
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	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	B	
3	<p><u>PRESIDENT</u> Eagan, Joseph STREET <u>9620 Lackland Rd.</u> CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>SECRETARY</u> Zoll, Timothy STREET <u>9620 Lackland Rd.</u> CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>VICE PRESIDENT</u> Roorda, Jeffrey STREET <u>9620 Lackland Rd.</u> CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p>STREET _____ CITY/STATE/ZIP _____</p>		<p><u>NAME</u> Eagan, Joseph STREET <u>9620 Lackland Rd.</u> CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>NAME</u> Roorda, Jeffrey STREET <u>9620 Lackland Rd.</u> CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>NAME</u> Zoll, Timothy STREET <u>9620 Lackland Rd.</u> CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>NAME</u> _____ STREET _____ CITY/STATE/ZIP _____</p>		
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED				

	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.				*
4	Authorized party or officer sign here <u>Karla Miller</u>				(Required)
	Please print name and title of signer: <u>Karla Miller</u> / <u>Treasurer</u> NAME TITLE				

REGISTRATION REPORT FEE IS: ___\$10.00 If filed on or before 8/31/2014 ___\$15.00 If filed after 9/30/2014 Corporation will be administratively dissolved if report is not filed by 11/29/2015

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____