

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:
Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *

9620 Lackland Rd. (Required)

STREET
Saint Louis MO 63114
 CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent _____

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address _____

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

<p style="text-align: center;">OFFICERS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u> A</p> <p><u>PRESIDENT</u> Eagan, Joseph STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>SECRETARY</u> Zoll, Timothy STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>VICE PRESIDENT</u> Roorda, Jeffrey STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p>STREET _____ CITY/STATE/ZIP _____</p>	<p style="text-align: center;">BOARD OF DIRECTORS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u> B</p> <p><u>NAME</u> Eagan, Joseph STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>NAME</u> Roorda, Jeffrey STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>NAME</u> Zoll, Timothy STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><u>NAME</u> _____ STREET _____ CITY/STATE/ZIP _____</p>
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NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 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. *

Authorized party or officer sign here Karla Miller (Required)

Please print name and title of signer: Karla Miller / Treasurer
 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): _____