

**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)

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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;"><b>OFFICERS</b></p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  <b><u>MUST LIST PRESIDENT AND SECRETARY BELOW</u></b> <b>A</b></p> <p><b><u>PRESIDENT</u></b> Eagan, Joseph                  STREET 9620 Lackland Rd.                  CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><b><u>SECRETARY</u></b> Zoll, Timothy                  STREET 9620 Lackland Rd.                  CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><b><u>VICE PRESIDENT</u></b> 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;"><b>BOARD OF DIRECTORS</b></p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  <b><u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u></b> <b>B</b></p> <p><b><u>NAME</u></b> Eagan, Joseph                  STREET 9620 Lackland Rd.                  CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><b><u>NAME</u></b> Roorda, Jeffrey                  STREET 9620 Lackland Rd.                  CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><b><u>NAME</u></b> Zoll, Timothy                  STREET 9620 Lackland Rd.                  CITY/STATE/ZIP <u>St. Louis MO 63114</u></p> <p><b><u>NAME</u></b> _____                  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): \_\_\_\_\_