


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 760680
 1. Entity Name
THE GOLD SHIELD FOUNDATION, INC.



Principal Place of Business Mailing Address
 14808 FARNHAM WAY PO BOX 271791
 TAMPA, FL 33624 TAMPA, FL 33688-1791



02182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2236362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VOSKERICHIAN, JOE
14808 FARNHAM WAY
TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JOSEPH VOSKERICHIAN** 2/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWERS, RICHARD T 11401 SUNCREEK PLACE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCNIFF, PHILIP 3401 LATANIA DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD VOSKERICHIAN, JOE 14808 FARNHAM WAY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWBERGER, NEW 907 CLEARCREEK DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCRANIE, ROBERT E III 450 PLEASANT GROVE DR. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVY, GEORGE A 2611 BAYSHORE BLVD #401 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

000000246554
 02/28/05-80067-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSEPH VOSKERICHIAN** 2/24/05 813-969-0417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #