## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #760680** 

## **FILED** Feb 06, 2007 8:00 am Secretary of State 02-06-2007 90009 006 \*\*\*\*61.25

Principal Place of Business 14808 FARNHAM WAY TAMPA, FL 33624  2. Principal Place of Business - No P.O. Box #	or .
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1262007 Chg-NP CR2E037 (12/06)  City & State  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required Fee Required Fee Required  To Name and Address of New Registered Agent  VOSKERICHIAN, JOE  X182000000000000000000000000000000000000	· Or
City & State  Country  Country  Country  Country  Country  Country  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Fee Required  Name  VOSKERICHIAN, JOE  X9920000000000000000000000000000000000	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  VOSKERICHIAN, JOE  **Magazonatures Name**  VOSKERICHIAN, JOE  **Magazonatures Name**  **Joe Voskerichian**  Street Address (P.O. Box Number is Not Acceptable)  14808 Farnham Way  City  City  Tampa  **City  Tampa  **City  Tampa  **City  Tampa  **City  Tampa  **City  Tampa  **City  Tampa  **Street Address of Registered Agent  **Joseph Voskerichian**  SIGNATURE  **Straptre. hyperfor printed name of registered agent and title 4 applicable.  **Interval Address (P.O. Box Number is Not Acceptable)  14808 Farnham Way  **City  Tampa  **City  Tampa  **City  Tampa  **Joseph Voskerichian**  **Jo	
5. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  VOSKERICHIAN, JOE  10e Voskerichian  Street Address (P.O. Box Number is Not Acceptable)  14808 Farnham Way  City  Tampa  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 act the obligations of registered agent  SIGNATURE  Signaple, type for printed name of registered agent and title 4 applicable.  (NOTE: Registered Agent signature required when reinstature)  Page 12ip Code  33624  SIGNATURE  JOSEPH Voskerichian  Synaple, type for printed name of registered agent and title 4 applicable.  (NOTE: Registered Agent signature required when reinstature)  Page 21ip Code  33624  SIGNATURE  Signaple, type for printed name of registered agent and title 4 applicable.  (NOTE: Registered Agent signature required when reinstature)  Filling Fee is \$61.25  Due by May 1, 2007  Make check payable to Florida Department of State	
VOSKERICHIAN, JOE  x1822001x1x1x1x1x1x1x1x1x1x1x1x1x1x1x1x1x1x	
VOSKERICHIAN, JOE  X892001XUBHOUSEKQURCXE TAMPA, FL 33624  Street Address (P.O. Box Number is Not Acceptable) 14808 Farnham Way  City Tampa  6. 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 act the obligations of registered agent  SIGNATURE  Strangfe, type for printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstaling)  Part  Filling Fee is \$61.25  Due by May 1, 2007  Date  Make check payable to Florida Department of State	
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Filing Fee is \$61.25 Due by May 1, 2007  Synapple, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  Make check payable to Florida Department of State	cept
Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State	-
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD Delete TITLE  NAME BOWERS, RICHARD T  STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619  Delete TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TAMPA, FL 33619	ddition
	dition
TITLE         MD         Delete         TITLE         Change         Acceptable           NAME         VOSKERICHIAN, JOE         NAME           STREET ADDRESS         14808 FARNHAM WAY         STREET ADDRESS           CITY-ST-ZIP         TAMPA, FL 33624         CITY-ST-ZIP	ddition
TITLE VD Delete TITLE NAME NEWBERGER, NEW 907 CLEARCREEK DRIVE CITY-ST-ZIP TAMPA, FL 33613 Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP D Newberger, Don	dition
TITLE TD Delete TITLE T DELETE TO CHANGE AND CHANGE AND CHANGE THE TO TH	
TITLE SD Delete TITLE D Manage And LEVY, GEORGE A  STREET ADDRESS 2611 BAYSHORE BLVD #401 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629  12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions.	ddition

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 attachered, with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-969-0417 Daytime Phone #

ATTACHMENT 4001003

The Gold Shield Foundation, Inc 2007 Not-For-Profit Corporation Annual Report # 10 continued

President (P) Thomas J Shannon, Jr. 13000 N. Dale Mabry Highway Tampa, FL 33618

Director (D) Robert Basham 2202 N. Westshore Blvd-5<sup>th</sup> Floor Tampa, FL 33607

Director (D) James Cusack 4010 St. Croix Tampa, FL 33609

Director (D) Les Muma 100 Palmetto Road Belleair, FL 33756

Director (D) Joe Taggart 16401 Avila Blvd. Tampa, FL 33613