


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 14808 FARNHAM WAY TAMPA, FL 33624	Mailing Address PO BOX 271791 TAMPA, FL 33688-1791
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01072008 No Chg-NP CR2E037 (4/08)

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 FARHAM 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000790363
01/23/08-80033-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, RICHARD T 11401 SUNCREEK PLACE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	D NEWBERGER, DON 907 CLEARCREEK DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCRANIE, ROBERT E III 450 PLEASANT GROVE DR. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, GEORGE A 2611 BAYSHORE BLVD #401 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Executive Director** 1/15/08 813-969-0417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #