

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760680

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE GOLD SHIELD FOUNDATION, INC.

Current Principal Place of Business:

14808 FARNHAM WAY
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

PO BOX 271791
TAMPA, FL 336881791

New Mailing Address:

FEI Number: 59-2236362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOSKERICHIAN, JOE
14808 FARHAM WAY
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D Delete
Name: BOWERS, RICHARD T
Address: 11401 SUNCREEK PLACE
City-St-Zip: TAMPA, FL 33619

Title: D Delete
Name: MCNIFF, PHILIP
Address: 3401 LATANIA DR.
City-St-Zip: TAMPA, FL 33618

Title: MD Delete
Name: VOSKERICHIAN, JOE
Address: 14808 FARNHAM WAY
City-St-Zip: TAMPA, FL 33624

Title: D Delete
Name: NEWBERGER, DON
Address: 907 CLEARCREEK DRIVE
City-St-Zip: TAMPA, FL 33613

Title: T Delete
Name: MCCRANIE, ROBERT E III
Address: 450 PLEASANT GROVE DR.
City-St-Zip: INVERNESS, FL 34452

Title: D Delete
Name: LEVY, GEORGE A
Address: 2611 BAYSHORE BLVD #401
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. MCCRANIE, III

T

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date