

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760680

FILED  
Jan 04, 2012  
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  
Name: MCNIFF, PHILIP  
Address: 3401 LATANIA DR.  
City-St-Zip: TAMPA, FL 33618

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

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

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

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

Title: P  
Name: SHANNON, THOMAS J JR.  
Address: PO BOX 271791  
City-St-Zip: TAMPA, FL 33688

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. MCCRANIE, III

T

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date