

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760680

**FILED**  
**Jul 14, 2017**  
**Secretary of State**  
**CC4852306835**

**Entity Name:** THE GOLD SHIELD FOUNDATION, INC.

**Current Principal Place of Business:**

14808 FARNHAM WAY  
TAMPA, FL 33624

**Current Mailing Address:**

PO BOX 271791  
TAMPA, FL 33688-1791

**FEI Number:** 59-2236362

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOSKERICHIAN, JOE  
14808 FARHAM WAY  
TAMPA, FL 33624 US

*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

**Officer/Director Detail :**

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

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

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

Title PRESIDENT  
Name SHANNON, THOMAS JJR.  
Address PO BOX 271791  
City-State-Zip: TAMPA FL 33688

Title DIRECTOR  
Name CUSACK, JAMES  
Address 4910 SAINT CRIXO DRIVE  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name GUIDRY, TIMOTHY  
Address 1 STEINBRENNER DRIVE  
City-State-Zip: TAMPA FL 33614

Title DIRECTOR  
Name MUMA, LES  
Address 100 PALMETTO ROAD  
City-State-Zip: BELLEAIR FL 33756

Title VP  
Name STEINBRENNER, JENNIFER  
Address 4201 BAYSHORE BLVD UNIT 1004  
City-State-Zip: TAMPA FL 33611

**Continues on page 2**

*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:** VOSKERICHIAN , JOE

07/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           PRIDA, LOU  
Address        1106 NORTH FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           LANE, CURTIS  
Address        1 STEINBRENNER DRIVE  
City-State-Zip: TAMPA FL 33614

Title           DIRECTOR  
Name           TAGGART, JOE  
Address        16401 AVILA BLVD  
City-State-Zip: TAMPA FL 33613