

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006063

**FILED**  
**Feb 13, 2014**  
**Secretary of State**  
**CC1850184074**

**Entity Name:** OPERATION LIFESHIELD, INC.

**Current Principal Place of Business:**

1650 SOUTH POWERLINE ROAD  
SUITE G  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

PO BOX 741722  
BOYNTON BEACH, FL 33474 US

**FEI Number:** 26-0380466

**Certificate of Status Desired:** No

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

BLAIR, LAURENCE ESQ.  
100 W. CYPRESS CREEK ROAD  
SUITE 700  
FORT LAUDERDALE, FL 33309 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 D  
Name THOMAS, SCOTT  
Address 1650 SOUTH POWERLINE ROAD  
SUITE G  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D/T  
Name SOLOMON, MICHAEL  
Address 1650 SOUTH POWERLINE ROAD  
SUITE G  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name ALSTER, SHEPARD  
Address 1650 SOUTH POWERLINE ROAD  
SUITE G  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D/S  
Name BACALL, DAVID  
Address 1650 SOUTH POWERLINE ROAD  
SUITE G  
City-State-Zip: DEERFIELD BEACH FL 33442

Title P  
Name O'DWYER, SUSAN  
Address 1650 SOUTH POWERLINE ROAD  
SUITE G  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP  
Name COOPERMAN, TODD DR.  
Address 1650 SOUTH POWERLINE ROAD  
SUITE G  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** SUSAN O'DWYER

**PRESIDENT**

**02/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date