

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

DOCUMENT# N07000006063

**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.  
2255 GLADES ROAD  
400E  
BOCA RATON, FL 33301 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 PO BOX 741722  
City-State-Zip: BOYNTON BEACH FL 33474

Title D/T  
Name SOLOMON, MICHAEL  
Address PO BOX 741722  
City-State-Zip: BOYNTON BEACH FL 33474

Title D  
Name ALSTER, SHEPARD  
Address PO BOX 741722  
City-State-Zip: BOYNTON BEACH FL 33474

Title D/S  
Name BACALL, DAVID  
Address PO BOX 741722  
City-State-Zip: BOYNTON BEACH FL 33474

Title P  
Name O'DWYER, SUSAN  
Address PO BOX 741722  
City-State-Zip: BOYNTON BEACH FL 33474

Title VP  
Name COOPERMAN, TODD DR.  
Address PO BOX 741722  
City-State-Zip: BOYNTON BEACH FL 33474

Title EXECUTIVE DIRECTOR  
Name BOWMAN, STEPHEN SHMUEL RABBI  
Address PO BOX 741722  
City-State-Zip: BOYNTON BEACH FL 33474

*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:** SCOTT THOMAS

D

04/28/2017

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

\_\_\_\_\_  
Date