

2021 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.
GREENSPOON MARDER LLP
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 DIRECTOR
Name THOMAS, SCOTT PASTOR
Address PO BOX 741722
City-State-Zip: BOYNTON BEACH FL 33474

Title TREASURER, DIRECTOR
Name SOLOMON, MICHAEL
Address PO BOX 741722
City-State-Zip: BOYNTON BEACH FL 33474

Title SECRETARY, DIRECTOR
Name BACALL, DAVID
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

Title DIRECTOR
Name ADAMS, MARY
Address PO BOX 741722
City-State-Zip: BOYNTON BEACH FL 33474

Title PRESIDENT, DIRECTOR
Name TAIG, TIMOTHY DR.
Address PO BOX 741722
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name HELPERIN, DANAYA
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: STEPHEN SHMUEL BOWMAN

EXECUTIVE DIRECTOR

01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date