

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90180 047 ****61.25

DOCUMENT # F05000006975 1. Entity Name THE SHIELD FOUNDATION, INC			
Principal Place of Business 2401 US HWY 70 SW HICKORY, NC 28602		Mailing Address 631 WEST LUMSDEN ROAD BRANDON, FL 33511	
2. Principal Place of Business <i>1440 Bloomingdale Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>1440 Bloomingdale Ave</i> Suite, Apt. #, etc.	
City & State <i>Valrico, FL</i> Zip <i>33594</i>		City & State <i>Valrico, FL</i> Zip <i>33594</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 20-0349064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVES, MARSHA 6507 N. FIVE ACRE RD. PLANT CITY, FL 33565		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C NAME SHIELDS, RUSTY STREET ADDRESS PO BOX 355 CITY-ST-ZIP GRANITE FALLS, NC 28630	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BLANCHAT, TIMOTHY J STREET ADDRESS 37 STILLWATER LANE CITY-ST-ZIP HICKORY, NC 28601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TOMLINSON, CARMELA STREET ADDRESS 3739 HICKORY BLVD. CITY-ST-ZIP HUDSON, NC 28638	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME STONE, ZECHARIAH P STREET ADDRESS 2222 9TH AVE NE CITY-ST-ZIP HICKORY, NC 28601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>[Signature]</i> Rusty Shields, Chairman <i>4/24/06</i> 813-413-2406 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			