# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 07, 2005**
**Secretary of State**

DOCUMENT# N01000000121

**Entity Name:** THE SHIELDS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

540 FONTAINE STREET
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1555
GULF BREEZE, FL 32562 US

**New Mailing Address:**

**FEI Number: 59-3689011** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MORAN, JOHN A ESQ.
22 SOUTH LINKS AVENUE
SUITE 300
SARASOTA, FL 34236 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: SHIELDS, JUSTIN L
Address: 540 FONTAINE STREET
City-St-Zip: PENSACOLA, FL 32503

Title: VTD ( ) Delete
Name: SHIELDS, VIVIAN S
Address: 540 FONTAINE STREET
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: SHIELDS, CHRISTINA A
Address: 540 FONTAINE STREET
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: SHIELDS, ANGELA D
Address: 540 FONTAINE STREET
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition
Name: SHIELDS, JUSTIN L
Address: P.O. BOX 1555
City-St-Zip: GULF BREEZE, FL 32562

Title: VTD (X) Change ( ) Addition
Name: SHIELDS, VIVIAN S
Address: P.O. BOX 1555
City-St-Zip: GULF BREEZE, FL 32652

Title: D (X) Change ( ) Addition
Name: SHIELDS, CHRISTINA A
Address: P.O. BOX 1555
City-St-Zip: GULF BREEZE, FL 32562

Title: D (X) Change ( ) Addition
Name: SHIELDS, ANGELA D
Address: P.O. BOX 1555
City-St-Zip: GULF BREEZE, FL 32562

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIVAN SHIELDS VID 02/07/2005

Electronic Signature of Signing Officer or Director — Date