2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N01000000121

Entity Name: THE SHIELDS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5051 GRANDE DRIVE #E2
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4771 BAYOU BLVD #335
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-3689011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	4771 BAYOU BLVD #335	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	VTD	( ) Delete
Name:	SHIELDS, VIVIAN S	
Address:	4771 BAYOU BLVD #335	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	SHIELDS, CHRISTINA A	
Address:	4771 BAYOU BLVD. #335	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	SHIELDS, ANGELA D	
Address:	4771 BAYOU BLVD #335	
City-St-Zip:	PENSACOLA, FL 32503	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SHIELDS, CHRISTINA A	
Address:	4004 WALLACE LANE	
City-St-Zip:	NASHVILLE, TN 37215	
Title:	D	(X) Change ( ) Addition
Name:	SHIELDS, ANGELA D	
Address:	117 30TH AVE N #402	
City-St-Zip:	NASHVILLE, TN 37203	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VIVIAN S SHIELDS VTD 06/16/2009

Electronic Signature of Signing Officer or Director — Date