

FILE NOW: FILING FEE IS \$61.25 *Pro Fambilit*

FILED
Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006674 (3)
1. Corporation Name
SHEPPARD FOUNDATION, A CORPORATION



Principal Place of Business: 5580 PETERSON LANE, SUITE 250, LB 10, DALLAS TX 75240
Mailing Address: 5580 PETERSON LANE, SUITE 250, LB 10, DALLAS TX 75240

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2679645	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEPPARD, STANLEY A DR 2801 CLINE ST TALLAHASSEE FL 32313				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		

11. Pursuant to the provisions of Section 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____
Signature typed or printed on the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, STANLEY A DR	1.2 NAME	
STREET ADDRESS	2801 CLINE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32313	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, MARCIA	2.2 NAME	
STREET ADDRESS	2801 CLINE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32313	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, STANLEY A JR	3.2 NAME	
STREET ADDRESS	11150 4TH ST #3408	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 33716	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, LEE L	4.2 NAME	
STREET ADDRESS	3017 DOLLY RIDGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 2/7/97
Signature typed or printed on the signing officer or director

CR2E037 (9/96)

hand #61.25

3-11-97