


FILE NOW: FILING FEE IS \$61.25

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Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90011 044 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006674

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/19/1996	4. FEI Number 75-2679645 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SHEPPARD, STANLEY A DR 2801 CLINE ST TALLAHASSEE FL 32313	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of 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 SHEPPARD, STANLEY A DR 2801 CLINE ST TALLAHASSEE FL 32313	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 SHEPPARD, MARCIA 2801 CLINE ST TALLAHASSEE FL 32313	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 SHEPPARD, STANLEY A JR 818 JAMESTOWN COURT TALLAHASSEE FL 32303	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, STANLEY A JR	3.2 NAME	
STREET ADDRESS	818 JAMESTOWN COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	
TITLE	D SHEPPARD, LEE L 3360 SUMMIT DR BIRMINGHAM AL 35243	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, LEE L	4.2 NAME	
STREET ADDRESS	3360 SUMMIT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: _____ Pres. 1/25/99 (850) 878-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)