

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90294 043 ****61.25

0097940

DOCUMENT # **F96000006674**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2679645**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, STANLEY A DR
2801 CLINE ST
TALLAHASSEE FL 32318 08**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	CP	<input type="checkbox"/> Delete
NAME	SHEPPARD, STANLEY A DR	
STREET ADDRESS	2801 CLINE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHEPPARD, MARCIA	
STREET ADDRESS	2801 CLINE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, STANLEY A JR	
STREET ADDRESS	818 JAMESTOWN COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, LEE L	
STREET ADDRESS	1803 4TH AVENUE	
CITY-ST-ZIP	TUSCALOOSA AL 35401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE

4/28/03

(850) 898-1177

CR2E037 (10/02)



Attachment
F96000006674
20036008

APRIL 24, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

TAXPAYER: SHEPPARD FOUNDATION
DOCUMENT # F96000006674
TAXPAYER IDENTIFICATION #: 75-2679645

TAX FORM: 2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Please acknowledge your receipt of the enclosed above referenced tax return by signing and dating this letter and return it in the enclosed stamped envelope.

Sincerely,
Cain, Watters & Associates, P.C.
Cain, Watters & Associates, P.C.

Enclosures

Office of the Attorney General: _____

DATE RECEIVED: _____