

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004161

FILED
Aug 24, 2009
Secretary of State

Entity Name: THE DANIEL AND MARY LOU SHEPARD EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

801 N SWINTON AVE
DELRAY BEACH, FL 33433

New Principal Place of Business:

Current Mailing Address:

801 N SWINTON AVE
DELRAY BEACH, FL 33433

New Mailing Address:

FEI Number: 65-0514249 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

SICILIANO, THOMAS V
980 NORTH FEDERAL HWY.
SUITE 440
BOCA RATON, FL 33432 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: DP () Delete
Name: LEWIS, MICHAEL J
Address: 1429 JEFFERSON NE
City-St-Zip: ALBUQUERQUE, NM 87110 US

Title: VD () Delete
Name: LEWIS, LYNN D
Address: 708 WEST 7TH ST.
City-St-Zip: SILVER CITY, NM

Title: STD () Delete
Name: BODEN, JOHN
Address: 801 N SWINTON AVE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEWIS, MICHAEL J
Address: 1424 JEFFERSON NE
City-St-Zip: ALBUQUERQUE, NM 87110 US

Title: VD (X) Change () Addition
Name: LEWIS, LYNN D
Address: 808 RIO GRANDE STREET
City-St-Zip: LAS CRUCES, NM 88001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN BODEN

_____ Electronic Signature of Signing Officer or Director

STD

08/24/2009

_____ Date