


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000006674 1. Entity Name SHEPPARD FOUNDATION, A CORPORATION	
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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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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2679645	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, STANLEY A DR
2801 CLINE ST
TALLAHASSEE, FL 32313**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SHEPPARD, STANLEY A DR 2801 CLINE ST TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEPPARD, MARCIA 2801 CLINE ST TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, STANLEY A JR 2801 CLINE ST TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, LEE L 407 STERRETT AVE BIRMINGHAM, AL 35209
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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01/22/07-80023-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stanley A. Sheppard, D.M.D.
President

1/16/07