

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006674

FILED
Mar 04, 2009
Secretary of State

Entity Name: SHEPPARD FOUNDATION, A CORPORATION

Current Principal Place of Business:

5580 PETERSON LANE, SUITE 250, LB 10
DALLAS, TX 75240

New Principal Place of Business:

2424 E. PLAZA DRIVE
TALLAHASSEE, FL 323085301 US

Current Mailing Address:

5580 PETERSON LANE, SUITE 250, LB 10
DALLAS, TX 75240

New Mailing Address:

5580 PETERSON LANE
250
DALLAS, TX 75240 US

FEI Number: 75-2679645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHEPPARD, STANLEY A DR
2801 CLINE ST
TALLAHASSEE, FL 32308 US

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:

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SHEPPARD, STANLEY A DR
Address: 2801 CLINE ST
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD () Delete
Name: SHEPPARD, MARCIA
Address: 2801 CLINE ST
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: SHEPPARD, STANLEY A JR
Address: 1720 N FULLER AVE 247
City-St-Zip: LOS ANGELES, CA 90046

Title: D () Delete
Name: SHEPPARD, LEE L
Address: 407 STERRETT AVE
City-St-Zip: BIRMINGHAM, AL 35209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SHEPPARD, STANLEY A DR
Address: 2801 CLINE ST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: STD (X) Change () Addition
Name: SHEPPARD, MARCIA N
Address: 2801 CLINE ST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D (X) Change () Addition
Name: SHEPPARD, STANLEY A JR
Address: 2801 CLINE ST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D (X) Change () Addition
Name: SHEPPARD, LEE L
Address: 407 STERRETT AVE
City-St-Zip: BIRMINGHAM, AL 35209 US

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: STANLEY A. SHEPPARD

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date