

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001458

FILED
May 15, 2008
Secretary of State

Entity Name: THE ASSOCIATION FOR THE PREVENTION OF NATIONAL CHILDHOOD OBESITY INC

Current Principal Place of Business:

1321 ISLEWORTH CT
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1321 ISLEWORTH CT
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 56-2560449 **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:

SHEPPARD, WILLIAM D III
1321 ISLEWORTH CT
ROYAL PALM BEACH, FL 33411 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: PRES () Delete
Name: SHEPPARD, WILLIAM D III
Address: 1321 ISLEWORTH CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: SHEPPARD, ROBIN M
Address: 1321 ISLEWORTH CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S/T () Delete
Name: SHEPPARD, SAMANTHA L
Address: 1321 ISLEWORTH CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: WILLIAM D SHEPPARD

PRES

05/15/2008

Electronic Signature of Signing Officer or Director

Date