

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001458

FILED  
Feb 16, 2010  
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 ( )**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM D SHEPPARD

PRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date