FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



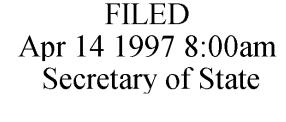
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000003861 (9)

SHEPHERD EDUCATIONAL SERVICES, INC.





Principal Place of Business		Mailing Address				T I DB III DE TO TO TO THE BETTE BETTE DETAIL DE TAIL OUT OUT OUT ALLE BETTE LE TROUT LE FIND THE FIND		
1246 TIMBERLANE ROAD TALLAHASSEE FL 32312		1246 TIMBERLANE ROAD TALLAHASSEE FL 32312-1710						
					3. Date Incorporated or Qualified 07/23/1996	3a. Date of Las	t Report	
·	lace of Business	2a. Mailing Address			4. FEI Number 59 - 341197	2	Applied For	
Suite, Apt.	# 010				37-371171		Not Applicable	
22 Suite, Apr.	#, BIC.	27			5. Certificate of Status Desired		5 Additional Required	
City & Stat	e	City & State			6. Election Campaign Financing		0 May Be	
23		28			1rust Fund Contribution		ed to Fees	
Zip	Country	Zip	_	intry	8. This corporation has liability for i		r s. 19 9.032,	
24	9, Name and Address of Currer	129 Accept	30	1	Florida Statutes 10. Name and Address of New Re	Yes No		
	g, Hame and Address of Curren	iii uahistatan whatir		81 Name	10, Name and Address of New Ne	Bistelen Wholit		
<u>éhcons</u>	DD WILLIAM A ID							
	RD, WILLIAM A JR. IBERLANE ROAD		i	82 Street	Address (P.O. Box Number is Not Acceptab	le)		
	ASSEE FL 32312			83		···		
				84 City		85 Z	ip Code	
						FL T	,	
office or ragent. I a	to the provisions of Sections 617.050 egistered agont, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Sta e of Florida. Such change wa alions of, Section 617.0503,	tutes, the al is authorizei Florida Stat	bove-named d by the corp utes.	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing the appointment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered age	on) and title if anni cable (f)	OTE: Registere	d Agent signature	required when reinstating)	DATE		
12.		D DIRECTORS	13.	a rigeni eigninore	ADDITIONS/CHANGES 10 OFFIC		ORS IN 12	
TITLE	D	☐ DELETE	1.1 TJ	TLE		Chang	e 🔲 Addition	
NAME	SHEPHERD, DOLORES A		1.2 N/	AME				
STREET ADDRESS	1246 TIMBERLANE ROAD		1,3 \$1	REE1 ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CI	TY-ST-ZIP				
TITLE	D	☐ DELETE	21 TJ	TLE		☐ Chang	e 🔲 Addition	
NAME	SHEPHERD, WILLIAM A JR.		2.2 N/	NME				
STREET ADDRESS	1246 TIMBERLANE ROAD			IREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312	DELETE		ITY-ST-ZIP		Character Character	A TO A PARTY	
TITLE Name	D CLEVELAND ADTUILD D		3.1 7)			[_] Chang	e [_] Addition	
STREET ADDRESS	CLEVELAND, ARTHUR D 1351 N. GADSDEN STREET		32 N/	ame Ireet address				
CITY-ST-ZIP	TALLAHASSEE FL 32303			ITY-\$1-ZIP				
TITLE	ILIEDAINANTE I F ATANA	DELETE	4.1 TI			☐ Chang	e Addition	
NAME			4.2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			- L	TY-ST-7IP				
TITLE		☐ DELETE	5.1 70			Chang	e 🔲 Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 01	TY-ST-ZIP	l			
TITLE		☐ DELETE	6.1 7/1	ILE		☐ Chang	e 🔲 Addition	
NAME			6.2 NA	IM E				
STREET ADDRESS			6.3 \$1	REET ADDRESS				
CITY-ST-ZIP	· ·	3 M 80		TY-ST-ZIP				
SE LAN DOLOR	su certifu that the information cumplic	a unit this tiling does not am	ality for the	avamation a	totad in Contion 110.07(3)(i). Florida Statutor	. I kurkhar aarlifu dh	01 150	

I do nevery certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.