


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006018 <small>1. Entity Name</small> FREDA G. SHEPPARD CHARITABLE FOUNDATION, INC.	
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<small>Principal Place of Business</small> C/O ROBERT A. DICKINSON 460 S INDIANA AVENUE ENGLEWOOD, FL 34223	<small>Mailing Address</small> C/O ROBERT A. DICKINSON 460 S INDIANA AVENUE ENGLEWOOD, FL 34223
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04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 65-0743669	<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required

<small>6. Name and Address of Current Registered Agent</small> DICKINSON, ROBERT A 460 S INDIANA AVENUE ENGLEWOOD, FL 34223
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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, 2005**

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

10. OFFICERS AND DIRECTORS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	STD DICKINSON, ROBERT A 460 S INDIANA AVENUE ENGLEWOOD, FL 34223
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PD DEWITT, DONALD B 360 S INDIANA AVENUE ENGLEWOOD, FL 34223
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VD SCHWARTZ, DANIEL 1514 FLOWER DRIVE SARASOTA, FL 34239
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	

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04/18/05-80072-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 rights reserved.

SIGNATURE: DONALD B. DEWITT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2005 941 480707
Date Daytime Phone #