

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 25, 2007 08:00 AM

Secretary of State

DOCUMENT # N96000006018

1. Entity Name

FREDA G. SHEPPARD CHARITABLE FOUNDATION, INC.



Principal Place of Business

C/O ROBERT A. DICKINSON
460 S INDIANA AVENUE
ENGLEWOOD, FL 34223

Mailing Address

C/O ROBERT A. DICKINSON
460 S INDIANA AVENUE
ENGLEWOOD, FL 34223



01162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0743669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
460 S INDIANA AVENUE
ENGLEWOOD, FL 34223

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD
NAME DICKINSON, ROBERT A
STREET ADDRESS 460 S INDIANA AVENUE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE PD
NAME DEWITT, DONALD B
STREET ADDRESS 360 S INDIANA AVENUE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE VD
NAME SCHWARTZ, DANIEL
STREET ADDRESS 1514 FLOWER DRIVE
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000604010
01/29/07-80036-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.

SIGNATURE:

Donald B. Dewitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD B. DEWITT PRES/DIRECTOR

1/22/2007

Date

(941)475-0707

Daytime Phone #