

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002466

FILED
Apr 26, 2009
Secretary of State

Entity Name: THE NICOLE LORRAINE CHAPMAN MEMORIAL SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

268 SILVERADO DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

268 SILVERADO DRIVE
NAPLES, FL 34119

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, RONALD
268 SILVERADO DRIVE
NAPLES, FL 34119 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: D () Delete
Name: CHAPMAN, RONALD
Address: 268 SILVERADO DR
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: CHAPMAN, JANET
Address: 268 SILVERADO DR
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: CHAPMAN, KEVIN
Address: 268 SILVERADO DR
City-St-Zip: NAPLES, FL 34119

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: RONALD CHAPMAN

D

04/26/2009

Electronic Signature of Signing Officer or Director

Date