

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006699

Entity Name: THE ALVAH H. AND WYLINE P. CHAPMAN FOUNDATION, INC.

FILED
Feb 02, 2021
Secretary of State
5797561940CC

Current Principal Place of Business:

555 5TH AVE NE
STE 711
ST. PETERSBURG, FL 33701

Current Mailing Address:

P.O. BOX 55398
ST PETERSBURG, FL 33732 US

FEI Number: 58-6069146

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAYLER, VAN
555 5TH AVE NE
STE 711
ST. PETERSBURG, FL 33701 US

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: VAN SAYLER

02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HILTON, ROBERT
Address 650 COLLANY ROAD
UNIT 503
City-State-Zip: TIERRA VERDE FL 33715

Title D
Name SAYLER, ALAN P
Address 1909 TANGLEWOOD DR. NE
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name SAYLER, LEE B
Address 323 RIVER DRIVE
City-State-Zip: TEQUESTA FL 33469

Title D
Name SAYLER, VAN C
Address 555 5TH AVE NE, STE 711
City-State-Zip: ST. PETERSBURG FL 33701

Title D
Name WEBB, AUBREY Q
Address 55 MERRICK WAY, SUITE 212
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name FIGUERAS, KRISTY
Address 9116 SW 113TH PLACE CIRCLE EAST
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name BECKWITH, PAGE
Address 1020 ALLEN RD
City-State-Zip: GRANTVILLE GA 30220

Title DIRECTOR
Name HILTON, SCOTT
Address 5455 AMBERFILED DR
City-State-Zip: PEACHTREE CORNERS GA 30092

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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: VAN SAYLER

CHAIR

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HILTON, DAVID
Address 3321 GLACIER RIDGE RD
City-State-Zip: MIDDLETON WI 53562

Title DIRECTOR
Name PHILLIPS, MARY
Address 1530 DEERWOOD DRIVE
City-State-Zip: DECATUR GA 30030