

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006699

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

**FILED**  
**Jan 18, 2022**  
**Secretary of State**  
**7724776163CC**

**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**

**01/18/2022**

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**

**01/18/2022**

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