

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006699

Entity Name: THE ALVAH H. AND WYLINE P. CHAPMAN FOUNDATION, INC.**FILED**
Feb 19, 2019
Secretary of State
1952589445CC**Current Principal Place of Business:**650 COLLANY ROAD
UNIT 503
TIERRA VERDE, FL 33715**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:**HILTON, ROBERT L
650 COLLANY ROAD
UNIT 503
TIERRA VERDE, FL 33715 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:** ROBERT L. HILTON**02/19/2019**

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, LEE B
Address	323 RIVER DRIVE
City-State-Zip:	TEQUESTA FL 33469

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

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

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

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

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

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

Continues on page 2

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: ROBERT HILTON**CHAIR****02/19/2019**

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 SAYLER, AARON
Address 2309 ELMWOOD CIR SE
City-State-Zip: ATLANTA GA 30339