

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008047

Entity Name: THE CHAPMAN HOUSE MUSEUM, INC.**Current Principal Place of Business:**82 SIXTH STREET
APALACHICOLA, FL 32320**Current Mailing Address:**82 SIXTH STREET
APALACHICOLA, FL 32320 US**FEI Number:** 27-1147753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUDOR, HELEN E.A. DR
82 SIXTH STREET
APALACHICOLA, FL 32320 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	TUDOR, HELEN E.A. DR.
Address	82 SIXTH STREET
City-State-Zip:	APALACHICOLA FL 32320

Title	VP
Name	MELVIN, WALTER B AIA
Address	118 WEST 22ND STREET
City-State-Zip:	NEW YORK NY 10011

Title	TRUSTEE
Name	VER PLOEG, CHRISTINE PROF.
Address	12 RED FOX ROAD
City-State-Zip:	SAINT PAUL MN 55127

Title	TRUSTEE
Name	SOCCI, MARY DR.
Address	26 DOUBLOON DRIVE
City-State-Zip:	HILTON HEAD ISLAND SC 29928

Title	TRUSTEE
Name	MAZYCK, ELIZABETH M DR.
Address	2159 WOODLEY ROAD
City-State-Zip:	MONTGOMERY AL 36111

Title	TRUSTEE
Name	MAZYCK, ARTHUR DR.
Address	2159 WOODLEY ROAD
City-State-Zip:	MONTGOMERY AL 36111

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: DR. HELEN E.A. TUDOR**PRESIDENT****03/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date