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: PAUL B CHAPLIN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N9700000697

Entity Name: PAUL & KAREN CHAPLIN FAMILY FOUNDATION, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2800 PONCE DE LEON BLVD. SUITE 1125 CORAL GABLES, FL 33134

Current Mailing Address:

2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES, FL 33134 US

FEI Number: 65-0732508

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BREIER, ROBERT G 2800 PONCE DE LEON BLVD. SUITE 1125 CORAL GABLES, FL 33134 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:

Officer/Director Detail ·

Officer/Director Detail :			
Title	D	Title	D
Name	CHAPLIN, KAREN	Name	CHAPLIN, MONICA
Address	2800 PONCE DE LEON BLVD. #1125	Address	2800 PONCE DE LEON BLVD, #1125
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Tide			
Title	D		
Name	CHAPLIN, PAUL B		
Address	2800 PONCE DE LEON BLVD, #1125		
City-State-Zip:	CORAL GABLES FL 33134		

Certificate of Status Desired: No

DIRECTOR

02/10/2019

FILED Feb 10, 2019 Secretary of State 5153150698CC

Date