

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000697

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC3966455012**

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

**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

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           D  
Name           CHAPLIN, KAREN  
Address        2800 PONCE DE LEON BLVD. #1125  
City-State-Zip: CORAL GABLES FL 33134

Title           D  
Name           CHAPLIN, MONICA  
Address        2800 PONCE DE LEON BLVD, #1125  
City-State-Zip: CORAL GABLES FL 33134

Title           D  
Name           CHAPLIN, PAUL B  
Address        2800 PONCE DE LEON BLVD, #1125  
City-State-Zip: CORAL GABLES FL 33134

*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

**DIRECTOR**

**01/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date