


4/26

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 719961 1. Entity Name THE CHAPIN FOUNDATION, INC.	
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Principal Place of Business 6880 KINGSTON DR LAKE WORTH, FL 33462 US	Mailing Address 6880 KINGSTON DR LAKE WORTH, FL 33462 US
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6152145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAPIN, BAILEY A
6880 KINGSTON DR
LANTANA, FL 33462**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *A. Bailey Chapin* A. Bailey Chapin 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000134829
04/28/04 00032 024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPIN, A. BAILEY 6880 KINGSTON DR LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPIN, SHERRI-LOUISE 6880 KINGSTON DR LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLUMLEY, MARIE A. 3231 ALBEMARLE ST ARLINGTON, VA 22207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAWYER, CAROL C. 53 DREW RD SOUTH PORTLAND, ME 04106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILFOIL JR., F. ROBERT 70 CELESTIAL WAY JUNO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Bailey Chapin* A. Bailey Chapin 4-26-04 561 533 1189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #