


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90032 015 \*\*\*\*61.25

**DOCUMENT # 719961**  
1. Entity Name  
**THE CHAPIN FOUNDATION, INC.**



Principal Place of Business Mailing Address  
6 LEXINGTON LN E STE H PALM BEACH GARDENS FL 33418 US  
6 LEXINGTON LN E STE H PALM BEACH GARDENS FL 33418 US



2. Principal Place of Business - No P.O. Box #  
**780 S. SAPODILLA AVE.**  
Suite, Apt. #, etc.  
**STE. 103**  
City & State  
**WEST PALM BEACH, FL**

3. Mailing Address  
**780 S. SAPODILLA AVE.**  
Suite, Apt. #, etc.  
**STE. 103**  
City & State  
**WEST PALM BEACH, FL**

1st MOORE CR2E037 (10/07)

4. FEI Number  
**59-6152145**

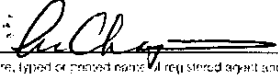
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
Zip **33401** Country **USA** Zip **33401** Country **USA**

6. Name and Address of Current Registered Agent  
**CHAPIN, BAILEY A**  
**6 LEXINGTON LN E STE H**  
**PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**780 S. SAPODILLA STE. 103**  
City **WEST PALM BEACH** FL Zip Code **33401**

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 

DATE **4/1/08**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

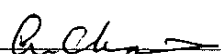
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPIN, A. BAILEY 6 LEXINGTON LN E. STE H PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPIN, A B 6 LEXINGTON LN E. STE H PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLUMLEY, MARIE A. 3231 ALBEMARLE ST ARLINGTON VA 22207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTHEWS, CAROL L 244 FENNEL DUN CIRCLE BILTMORE LAKE CANDLER NC 28715 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILFOIL JR., F. ROBERT 70 CELESTIAL WAY JUNO BEACH FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>780 S. SAPODILLA STE. 103</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>780 S. SAPODILLA STE. 103</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. CHAPIN**

DATE **4/1/08** **561 7979079**