

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90130 029 ****61.25

0040711

DOCUMENT # 719961

1. Entity Name

THE CHAPIN FOUNDATION, INC.



Principal Place of Business

**6880 KINGSTON DR
LAKE WORTH FL 33462
US**

Mailing Address

**6880 KINGSTON DR
LAKE WORTH FL 33462
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6152145**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAPIN, A. BAILEY	
STREET ADDRESS	6880 KINGSTON DR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPIN, SHERRI-LOUISE	
STREET ADDRESS	6880 KINGSTON DR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PLUMLEY, MARIE A.	
STREET ADDRESS	3231 ALBEMARLE ST	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SAWYER, CAROL C.	
STREET ADDRESS	53 DREW RD	
CITY-ST-ZIP	SOUTH PORTLAND ME 04106	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILFOIL JR., F. ROBERT	
STREET ADDRESS	70 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

4-25-03 561585 8587

CR2E037 (10/02)