2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #724115

1. Entity Name

CHARLES F. CHAPMAN SCHOOL OF SEAMANSHIP, INC.



FILED Apr 16, 2007 08:00 Al Secretary of State

Principal Place of Business

4343 SE ST LUCIE BLVD STUART, FL 34997 Mailing Address

4343 SE ST LUCIE BLVD STUART, FL 34997



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DO NOT WRITE IN THIS SPACE

04112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1416396

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELD, JENNIFER CASTLE 4343 S.E. ST. LUCIE BOULEVARD STUART, FL 34997

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for lions of registered agent.	the purpose of cha	anging its registered o	fice or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE						DATE
	Filing Fee is \$61.25 Due by May 1, 2007		n Campaign Financing und Contribution.	, _□	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIELD, ROGER F 4343 SE ST LUCIE BLVD STUART, FL			U00000712373 04/26/07-80044-015 70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCMANUS, F. SHIELDS 4343 SE ST LUCIE BLVD STUART, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, CHARLES 4343 SE ST LUCIE BLVD STUART, FL			DO		NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELD, JENNIFER CASTLE 4343 SE ST LUCIE BLVD STUART, FL			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARENTI, ROBERT 4343 SE ST. LUCIE BLVD. STUART, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Castle Field

Deytime Phone #