

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740961 (8)

1. Corporation Name

THE BERNARD A. CHAPMAN FOUNDATION, INC.



Principal Place of Business

**100 WATERWAY ROAD
APARTMENT E-308
TEQUESTA FL 33469**

Mailing Address

**100 WATERWAY ROAD
APARTMENT E-308
TEQUESTA FL 33469**

3. Date Incorporated or Qualified
12/06/1977

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24
Country

25
Country

29
Country

30
Country

4. FEI Number
38-6062974

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPMAN, ANNA V
100 WATERWAY, APT E308
TEQUESTA FL 33469**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CHAPMAN, ANNA V**
STREET ADDRESS **100 WATERWAY APT E308**
CITY-ST-ZIP **TEQUESTA FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Zip Code 33469**

TITLE **VD** ☐ DELETE
NAME **LEIGHTY, LINDA**
STREET ADDRESS **3101 TUCKER RD**
CITY-ST-ZIP **GREENVILLE NC**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Zip Code 27858**

TITLE **TD** ☐ DELETE
NAME **CHAPMAN, LAWRENCE A**
STREET ADDRESS **1213 BRENTWOOD AVE.**
CITY-ST-ZIP **RICHLAND WA**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **Zip Code 99352-8533**

TITLE **D** ☐ DELETE
NAME **CHAPMAN, ANNA V.**
STREET ADDRESS **100 WATERWAY RD #E308**
CITY-ST-ZIP **TEQUESTA FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **Zip Code 33469**

TITLE **D** ☐ DELETE
NAME **CHAPMAN, LAWRENCE A.**
STREET ADDRESS **1213 BRENTWOOD AVE**
CITY-ST-ZIP **RICHLAND WA**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **Zip Code 99352-8533**

TITLE **D** ☐ DELETE
NAME **LEIGHTY, LINDA**
STREET ADDRESS **3101 TUCKER ROAD**
CITY-ST-ZIP **GREENVILLE NC 27858**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anna V. Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96
Date

407-746-8552
Daytime Phone #

CR2E037 (12/95)