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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33469-2761

3. Date Incorporated or Qualified
12/06/1977

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ANNA V	
STREET ADDRESS	100 WATERWAY APT E308	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEIGHTY, LINDA	
STREET ADDRESS	3101 TUCKER RD	
CITY-ST-ZIP	GREENVILLE NC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, LAWRENCE A	
STREET ADDRESS	1213 BRENTWOOD AVE.	
CITY-ST-ZIP	RICHLAND WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ANNA V.	
STREET ADDRESS	100 WATERWAY RD #E308	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, LAWRENCE A.	
STREET ADDRESS	1213 BRENTWOOD AVE	
CITY-ST-ZIP	RICHLAND WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEIGHTY, LINDA	
STREET ADDRESS	3101 TUCKER ROAD	
CITY-ST-ZIP	GREENVILLE NC 27858	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Zip Code 33469
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Zip Code 27858
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Zip Code 99352
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Zip Code 33469
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Zip Code 99352
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-97

Date

561-746-8552

Daytime Phone # 0044345

CR2E037 (9/96)