2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #769687

1. Entity Name

CHAPMAN FAMILY FOUNDATION, INC.



FILED Apr-27, 2006 08:00-AN Secretary of State

Principal Place of Business

1002 W. 23RD ST., STE. 400 PANAMA CITY, FL 32405-0608 Mailing Address

1002 W. 23RD ST., STE. 400 PANAMA CITY, FL 32405-0608



DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2

CR2E037 (11/05)

FEI Number
 59-2328391

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

(850) 769-8981

Daytime Phone #

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J 1002 W. 23RD ST., STE. 400 PANAMA CITY, FL 32405

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4/20/06

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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Selection Campaign Financial Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODZIN, STEPHEN A 1156 15TH ST NW #329 WASHINGTON, DC 20005				U00000538125 05/09/06-80044-016 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAPMAN, JEANNETTE B 1002 W 23RD ST #400 PANAMA CITY, FL 32405				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DT BARR, JIMMY D 1002 W. 23RD ST., STE. 400 PANAMA CITY, FL 32405			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIPPIN, LAURETTA J 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					_
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 express, with all other like empowered.					

Lauretta J. Pippin, Secretary

ITED NAME OF SIGNING OFFICER OR DIRECTOR