

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006699

FILED
Dec 11, 2010
Secretary of State

Entity Name: THE ALVAH H. AND WYLINE P. CHAPMAN FOUNDATION, INC.

Current Principal Place of Business:

3851 62ND AVE W STE F
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

3851 62ND AVE W STE F
PINELLAS PARK, FL 33781

New Mailing Address:

P O BOX 55398
ST. PETERSBURG, FL 33732 53

FEI Number: 58-6069146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYLOR, ALAN
3851 62ND AVE N
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

SAYLER, ALAN
3851 62ND AVE N
PINELLAS PARK, FL 33781 US

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.

SIGNATURE: ALAN SAYLER

12/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WEBB, DALE C
Address: 2645 S. BAYSHORE DR, #1902
City-St-Zip: MIAMI, FL 33133

Title: D
Name: HILTON, ROBERT
Address: 300 BEACH DRIVE NE, UNIT 501
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D
Name: SAYLER, ALAN P
Address: 1909 TANGLEWOOD DR. NE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D
Name: SAYLER, LEE B
Address: 145 BEACON LANE
City-St-Zip: JUPITER, FL 33469

Title: D
Name: SAYLER, VAN C
Address: 7430 18TH STREET NE
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN SAYLER

D

12/11/2010

Electronic Signature of Signing Officer or Director

Date