


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000009928</b>	
1. Entity Name <b>CHAPMAN FAMILY MINISTRIES, INC.</b>	

Principal Place of Business <b>3682 AIRPORT ROAD CRESTVIEW, FL 32539</b>	Mailing Address <b>3682 AIRPORT ROAD CRESTVIEW, FL 32539</b>
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1300902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAPMAN, CHARLES T III  
3682 AIRPORT ROAD  
CRESTVIEW, FL 32539**

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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: Charles T Chapman III No CTC 4/26/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>CHAPMAN, CHARLES T III 3682 AIRPORT ROAD CRESTVIEW, FL 32539</b>
TITLE <b>V</b>	<b>CHAPMAN, HAYWARD T 3505 HORNE HOLLOW ROAD CRESTVIEW, FL 32539</b>
TITLE <b>ST</b>	<b>CHAPMAN, JANE D 3505 HORNE HOLLOW ROAD CRESTVIEW, FL 32539</b>
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	

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U00000747940  
05/17/07-80044-023 61.25

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: Charles T. Chapman Charles T. Chapman 4/26/2007 850-682-9887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #