

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009928

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** CHAPMAN FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

3682 AIRPORT ROAD  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

**Current Mailing Address:**

3682 AIRPORT ROAD  
CRESTVIEW, FL 32539

**New Mailing Address:**

**FEI Number:** 20-1300902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHAPMAN, CHARLES T III  
Address: 3682 AIRPORT ROAD  
City-St-Zip: CRESTVIEW, FL 32539

Title: V ( ) Delete  
Name: CHAPMAN, HAYWARD T  
Address: 3505 HORNE HOLLOW ROAD  
City-St-Zip: CRESTVIEW, FL 32539

Title: ST ( ) Delete  
Name: CHAPMAN, JANE D  
Address: 3505 HORNE HOLLOW ROAD  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CHAPMAN, HAYWARD T  
Address: 3505 HORNE HOLLOW ROAD  
City-St-Zip: CRESTVIEW, FL 32539

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES T. CHAPMAN III

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date