

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008047

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** THE CHAPMAN HOUSE MUSEUM, INC.

**Current Principal Place of Business:**

82 SIXTH ST.  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

82 SIXTH ST.  
APALACHICOLA, FL 32320

**New Mailing Address:**

**FEI Number:** 27-1147753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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  
**Name:** TUDOR, HELEN E.A. DR.  
**Address:** 82 SIXTH STREET  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** VP  
**Name:** MELVIN, WALTER B  
**Address:** 82 SIXTH STREET  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** D  
**Name:** LUNDGREN, IAN  
**Address:** 82 SIXTH STREET  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** D  
**Name:** WILLIS, KATHY  
**Address:** 82 SIXTH STREET  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** D  
**Name:** VER PLOEG, CHRISTINE  
**Address:** 82 SIXTH STREET  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** D  
**Name:** JACOBS, ARTHUR I  
**Address:** 82 SIXTH STREET  
**City-St-Zip:** APALACHICOLA, FL 32320

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:** DR. HELEN E.A. TUDOR

PRES

04/12/2012

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

\_\_\_\_\_  
Date