

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000006266

1. Entity Name
FRIENDS OF CHAPMAN FIELD, INC.



Principal Place of Business
**12401 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156**

Mailing Address
**12401 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0560090

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOOLEY, BOBBE W
12401 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
DEMOTT, JOHN C
18455 SW S64TH ST
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
DOOLEY, BOBBE W.
12401 SOUTH DIXIE HIGHWAY
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CAMPBELL, RICHARD PH D
11935 OLD CUTLER ROAD
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CPD
PEARSON, STEPHEN D
13444 SW 83 AVE.
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CRANE, JONATHAN
18905 SW 280 ST
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000817393
02/14/08-80077-026 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2008 305-235-6324
Date Daytime Phone #