


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000000697 1. Entity Name CHAPLIN FAMILY FOUNDATION, INC.	
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Principal Place of Business 2800 PONCE DE LEON BLVD. SUITE 1125 CORAL GABLES FL 33134 US	Mailing Address 2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 65-0732508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREIER, ROBERT G 2800 PONCE DE LEON BLVD. SUITE 1125 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

B. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete CHAPLIN, HARVEY R 2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete CHAPLIN, WAYNE E 2800 PONCE DE LEON BLVD, #1125 CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete JOVE, TERRY 2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete CHAPLIN, PAUL B 2800 PONCE DE LEON BLVD, #1125 CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000833063
STREET ADDRESS	02/27/08-80084-014 70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Harvey R. Chaplin  02/12/08 305-627-1105