

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT****FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N97000002466

**Entity Name:** THE NICOLE LORRAINE CHAPMAN MEMORIAL SCHOLARSHIP FOUNDATION, INC.**Current Principal Place of Business:**268 SILVERADO DRIVE  
NAPLES, FL 34119**New Principal Place of Business:****Current Mailing Address:**268 SILVERADO DRIVE  
NAPLES, FL 34119**New Mailing Address:****FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHAPMAN, RONALD  
268 SILVERADO DRIVE  
NAPLES, FL 34119    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:                      D                      ( ) Delete  
Name:                      CHAPMAN, RONALD  
Address:                      268 SILVERADO DR  
City-St-Zip:                      NAPLES, FL 34119Title:                      D                      ( ) Delete  
Name:                      CHAPMAN, JANET  
Address:                      268 SILVERADO DR  
City-St-Zip:                      NAPLES, FL 34119Title:                      D                      ( ) Delete  
Name:                      CHAPMAN, KEVIN  
Address:                      268 SILVERADO DR  
City-St-Zip:                      NAPLES, FL 34119**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: R CHAPMAN

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

D

04/28/2006

\_\_\_\_\_  
Date