


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90107 014 ****61.25

DOCUMENT # N97000007105 1. Entity Name JOHN D. CHAPMAN "SEEHEAR" CORPORATION					
Principal Place of Business 131 WOODBINE CIRCLE FT. WALTON BEACH, FL 32548			Mailing Address 131 WOODBINE CIRCLE FT. WALTON BEACH, FL 32548		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAPMAN, JOHN D 131 WOODBINE CIRCLE FT. WALTON BEACH, FL 32548			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, JOHN D		NAME		
STREET ADDRESS	131 WOODBINE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, VERA E		NAME		
STREET ADDRESS	131 WOODBINE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, NEIL A		NAME		
STREET ADDRESS	9025 HEMINGWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH, NC 27613		CITY-ST-ZIP		
TITLE	TR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'ROURKE, DANIEL S P		NAME		
STREET ADDRESS	22 NARLBOROUGH RD		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	TR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PECA, LOUIS P		NAME		
STREET ADDRESS	437 WOODBINE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN, JOHN D D		NAME	FR KELLY, ROSE MARIE	
STREET ADDRESS	131 WOODBINE CIRCLE		STREET ADDRESS	284 ECHO CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>John D. Chapman</i> JOHN D. CHAPMAN			01/11/05 850 862 1196		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					