

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007105

FILED
Jan 05, 2007
Secretary of State

Entity Name: JOHN D. CHAPMAN "SEEHEAR" CORPORATION

Current Principal Place of Business:

131 WOODBINE CIRCLE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

131 WOODBINE CIRCLE
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3488929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, JOHN D
131 WOODBINE CIRCLE
FT. WALTON BEACH, FL 32548 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, JOHN D
Address: 131 WOODBINE CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: CHAPMAN, VERA E
Address: 131 WOODBINE CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: CHAPMAN, NEIL A
Address: 9025 HEMINGWOOD COURT
City-St-Zip: RALEIGH, NC 27613

Title: TR () Delete
Name: O'ROURKE, DANIELS S P
Address: 22 NARLBOROUGH RD
City-St-Zip: SHALIMAR, FL 32579

Title: TR () Delete
Name: PECA, LOUIS P
Address: 437 WOODBINE CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TR () Delete
Name: KELLY, ROSE MARIE
Address: 284 ECHO CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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:

Title: TR (X) Change () Addition
Name: O'ROURKE, DANIELS S P
Address: 22 MARLBOROUGH RD
City-St-Zip: SHALIMAR, FL 32579

Title: TR (X) Change () Addition
Name: PECA, LOUIS P
Address: 137 WOODBINE CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

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: JOHN D. CHAPMAN

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date