

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 761184 (1) 1. Corporation Name THE FLORIDA CHAUTAUQUA INCORPORATED			
Principal Place of Business P.O. BOX 847 DEFUNIAK SPRINGS FL 32433		Mailing Address P.O. BOX 847 DEFUNIAK SPRINGS FL 32435-0847	
2. Principal Place of Business 21 848 Baldwin Avenue Suite, Apt. #, etc. 22 City & State 23 DeFuniak Springs, FL Zip 24 32433 Country 25 Walton		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 12/21/1981		3a. Date of Last Report 02/02/1996	
4. FEI Number 59-2152110		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent ANDREWS (ANGUS G.) 24 CIRCLE DRIVE DEFUNIAK SPRINGS FL		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROEHM, CYNTHIA S.	1.2 NAME	
STREET ADDRESS	STINSON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, ELIZABETH S.	2.2 NAME	
STREET ADDRESS	FLORALA RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL-WORK, BETH	3.2 NAME	
STREET ADDRESS	BAY AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, WAYNE A.	4.2 NAME	
STREET ADDRESS	PECK CAWTHON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	DC ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, DEBRA	5.2 NAME	
STREET ADDRESS	LAKE SIDE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Cynthia S. Roehm</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/26/97 (704) 892-2939 Date Daytime Phone #0010068	

CR2E037 (9/96)