2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90455 047 ****61.25

DOCUMENT # 761184

1. Entity Name
THE FLORIDA CHAUTAUQUA INCORPORATED

Principal Place of Business	Mailing Address
848 BALDWIN AVE DEFUIAK SPRINGS, FL 32435 US	P.O. BOX 847 DEFUINAK, FL 32435

04302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2152110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, MARK 694 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROEHM, CYNTHIA S 287 STINSON DR DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUGGINS, JACK 848 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ALICIA MORGAN 848 BALDWIN AVENUE DEFUNIAK SPRINGS, FL 32435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ROBINSON, ANN 848 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JULIE WHITE 848 BALDWIN AVENUE DEFUNIAK SPRINGS FL 32435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ROBINSON, CRAIG S 40 MINNESOTA ST. DEFUIAK SPRINGS, FL 32435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KAREN CUMMINGS 611 COUNTRY CLUB DRIVE DEFUNIAK SPRINGS, FL 32433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ADKISON, J.W. 515 E NELSON AVE DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: JW Adkison 4/30/04 850-892-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #