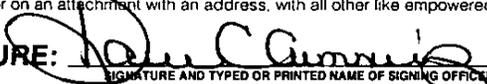


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90122 031 \*\*\*\*61.25

<b>DOCUMENT # 761184</b>					
1. Entity Name <b>THE FLORIDA CHAUTAUQUA INCORPORATED</b>					
Principal Place of Business <b>848 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435 US</b>			Mailing Address <b>P.O. BOX 847 DEFUNIAK, FL 32435</b>		
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 <b>59-2152110</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DAVIS, MARK 694 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROEHM, CYNTHIA S	NAME			
STREET ADDRESS	287 STINSON DR	STREET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433	CITY - ST - ZIP			
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MORGAN, ALICIA	NAME	DV		
STREET ADDRESS	848 BALDWIN AVE	STREET ADDRESS	Campbell-Work, Beth		
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32435	CITY - ST - ZIP	848 Baldwin Ave Defuniak Springs, FL 32435		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, JULIE	NAME			
STREET ADDRESS	848 BALDWIN AVE	STREET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32435	CITY - ST - ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUMMINGS, KAREN	NAME			
STREET ADDRESS	611 COUNTRY CLUB DRIVE	STREET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433	CITY - ST - ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADKISON, J.W.	NAME			
STREET ADDRESS	515 E NELSON AVE	STREET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: 			Date: <b>4/29/05</b>		Daytime Phone #: <b>850-890-5191</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					