

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761184

FILED
May 04, 2009
Secretary of State

Entity Name: THE FLORIDA CHAUTAUQUA INCORPORATED

Current Principal Place of Business:

848 BALDWIN AVE
DEFUIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 847
DEFUINAK, FL 32435

New Mailing Address:

FEI Number: 59-2152110 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, MARK
694 BALDWIN AVE
DEFUNIAK SPRINGS, FL 32435 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: DP () Delete
Name: ROEHM, CYNTHIA S
Address: 287 STINSON DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DV () Delete
Name: CAMPBELL-WORK, BETH
Address: 848 BALDWIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DS () Delete
Name: WHITE, JULIE
Address: 848 BALDWIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DT () Delete
Name: CUMMINGS, KAREN
Address: 611 COUNTRY CLUB DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DV () Delete
Name: ADKISON, J.W.
Address: 515 E NELSON AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAREN CUMMINGS

TREA

05/04/2009

Electronic Signature of Signing Officer or Director

Date