FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713354 (9)

1. Corporation Name
THE COUNSELING ALTERNATIVE OF CHIPOLA, INC.

Principal Place of Business	Mailing Address
4094 LAFAYETTE ST MARIANNA FL 32446	4094 LAFAYETTE ST MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1967	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1569517	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOORE, DIXIE 4094 LAFAYETTE STREET MARIANNA, FL 32446	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Dixie R Moore 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WALLER, FRANK	1.2 NAME	Nettie Barnes	
STREET ADDRESS	4690 THE OAKS DRIVE	1.3 STREET ADDRESS	4239 West Clay Street	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	Marianna, FL 32448	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CASE, RICK	2.2 NAME	Teresa McKeithan	
STREET ADDRESS	2679 CHOCTAW TRAIL	2.3 STREET ADDRESS	2283 Auburn Lane	
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	Grand Ridge, FL 32442	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MCCRARY	3.2 NAME	Charlotte Edenfield	
STREET ADDRESS	2897 JEFFERSON STREET	3.3 STREET ADDRESS	3404 Harden CT	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DANNY HAMM	4.2 NAME	Drew Peacock	
STREET ADDRESS	OLD COTTONDALE ROAD	4.3 STREET ADDRESS	Highway 71	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	Altha, FL 32421	
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	JAMES, AL	5.2 NAME	Don Nowell	
STREET ADDRESS	4036 CHARLES DRIVE	5.3 STREET ADDRESS	4425 Lafayette Street	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	S	6.1 TITLE	D	☐ Change ☒ Addition
NAME	JONES, MARY SUE	6.2 NAME	Suella McMillan	
STREET ADDRESS	821 BURNS AVENUE	6.3 STREET ADDRESS	Highway 69 North	
CITY-ST-ZIP	BLOUNTSTOWN FL	6.4 CITY-ST-ZIP	Blountstown, FL 32424	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Phil McCrary April 24, 1995 904/482/4353
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Phil McCrary, Vice President, Board of Directors