

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 713354 (9)**  
1. Corporation Name  
**THE COUNSELING ALTERNATIVE OF CHIPOLA, INC.**



Principal Place of Business  
**4094 LAFAYETTE ST  
MARIANNA FL 32446**

Mailing Address  
**4094 LAFAYETTE ST  
MARIANNA FL 32446**

3. Date Incorporated or Qualified  
**09/21/1967**

3a. Date of Last Report  
**05/01/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

## 9. Name and Address of Current Registered Agent

**MOORE, DIXIE  
4094 LAFAYETTE STREET  
MARIANNA, FL  
32446**

## 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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, NETTIE	
STREET ADDRESS	4239 W CLAY ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKEITHAN, TERESA	
STREET ADDRESS	2283 AUBURN LANE	
CITY-ST-ZIP	GRAND RIDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDENFIELD, CHARLOTTE	
STREET ADDRESS	3404 HARDEN CT.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEACOCK, DREW	
STREET ADDRESS	HWY. 71	
CITY-ST-ZIP	ALTHA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NOWELL, DON	
STREET ADDRESS	4425 LAFAYETTE ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMILLAN, SUELLA	
STREET ADDRESS	HWY. 69 N.	
CITY-ST-ZIP	BLOUNTSTOWN FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Phil McCrary	
1.3 STREET ADDRESS	4501 Decatur Street	
1.4 CITY-ST-ZIP	Marianna, FL 32446	
2.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Susan Emrich	
2.3 STREET ADDRESS	2928 Jefferson Street	
2.4 CITY-ST-ZIP	Marianna, FL 32446	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Danny Hamm	
3.3 STREET ADDRESS	2485 Fillmore Drive	
3.4 CITY-ST-ZIP	Marianna, FL 32446	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary Lu Andreu	
4.3 STREET ADDRESS	3094 Indian Circle	
4.4 CITY-ST-ZIP	Marianna, FL 32446	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jackie Pelt	
5.3 STREET ADDRESS	4565 Red Oak Trace	
5.4 CITY-ST-ZIP	Marianna, FL 32446	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Don Nowell	
6.3 STREET ADDRESS	4425 Lafayette Street	
6.4 CITY-ST-ZIP	Marianna, FL 32446	

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)(k), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

904/482/4353

Date

Daytime Phone #

CR2E037 (12/95)