

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3: 21

DOCUMENT # **726479** (9)
1. Corporation Name
**CHAUTAUQUA OFFICES OF PSYCHOTERAPY AND EVALUATIO
N, INC.**

Principal Place of Business
211 EAST NELSON AVENUE
110 WEST NELSON AVE.
P.O. BOX 607
DEFUNIAK SPRINGS FL 32433

Mailing Address
211 EAST NELSON AVENUE
110 WEST NELSON AVE.
P.O. BOX 607
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/22/1973** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-1469145** 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 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 27 City & State City & State

23 28 Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

REESE, CATHARINE C.
110 WEST NELSON AVENUE **211 EAST NELSON AVENUE**
DEFUNIAK SPRINGS FL 32433

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **DST**

NAME **MCCALL, JAMES**

STREET ADDRESS **RT. 8 BOX 544**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **DX**

NAME **FLEET, ROBERT G, COL**

STREET ADDRESS **RT 1 BOX 408**

CITY-ST-ZIP **SANTA ROSA BEACH FL**

TITLE **DX**

NAME **DAVIS, MARK**

STREET ADDRESS **502 FLORENCE DRIVE**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **RD**

NAME **~~ARMSTEAD, WALTER~~**

STREET ADDRESS **~~ROUTE 4, BOX 29~~**

CITY-ST-ZIP **~~PONCE DE LEON FL 32455~~**

TITLE **D**

NAME **JONES, JOHN P**

STREET ADDRESS **RT. 7 BOX 153**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **D**

NAME **YOUNG, BECKY E.**

STREET ADDRESS **RT 7 BOX 793**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VD** Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **PD** Change Addition

3.2 NAME

3.3 STREET ADDRESS **515 FLORENCE AVENUE**

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME **PETERS, VONNIE**

5.3 STREET ADDRESS **P.O. BOX 1040 N/A**

5.4 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

6.1 TITLE Change Addition

6.2 NAME **DOBSON, ROBERT**

6.3 STREET ADDRESS **P.O. BOX 1388 N/A**

6.4 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL. 32433**

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 executor 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 (Change), or both, of this report.

SIGNATURE: *Mark Davis* **MARK DAVIS** **02/0995** **(904) 892-8036**
PRESIDENT