

# 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 # 726479 (9)**

1. Corporation Name

**CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATION, INC.**



Principal Place of Business

Mailing Address

211 EAST NELSON AVE  
P.O. BOX 607  
DEFUNIAK SPRINGS FL 32433  
US

211 EAST NELSON AVE  
P.O. BOX 607  
DEFUNIAK SPRINGS FL 32433  
US

3. Date Incorporated or Qualified: **05/22/1973**  
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business

2a. Mailing Address

21 3686 US HWY 331 SOUTH

26 3686 US HWY 331 SOUTH

4. FEI Number: **59-1469145**  
Applied For:  Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State: **DEFUNIAK SPRINGS FL**

27 City & State: **P O BOX 607 DEFUNIAK SPRINGS FL**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23 Zip: **32433** Country: **USA**

28 Zip: **32433** Country: **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REESE, CATHARINE C.  
112-A WEST NELSON AVENUE  
DEFUNIAK SPRINGS FL 32433**

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, 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	DST	<input type="checkbox"/> DELETE
NAME	MCCALL, JAMES	
STREET ADDRESS	RT. 8 BOX 544	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLEET, ROBERT G. COL	
STREET ADDRESS	RT 1 BOX 406	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, MARK	
STREET ADDRESS	515 FLORENCE AVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOBSON, ROBERT	
STREET ADDRESS	PO BOX 1388 N/A	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JOHN P	
STREET ADDRESS	RT. 7 BOX 153	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, BECKY E.	
STREET ADDRESS	RT 7 BOX 793	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VONNIE PETERS
53 STREET ADDRESS	1475 COLLINSWORTH ROAD
54 CITY-ST-ZIP	WESTVILLE FL 32464
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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:

LARRY E. MOOSE EXEC. DIR

03/13/96

904-892-8036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)