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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726479 (9)
1. Corporation Name
CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATION, INC.



Principal Place of Business 3686 US HWY 331 S P.O. BOX 607 DEFUNIAK SPRINGS FL 32433 US	Mailing Address 3686 US HWY 331 S P O BOX 607 DEFUNIAK SPRINGS FL 32435-0607 US
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3. Date Incorporated or Qualified 05/22/1973	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-1469145	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**REESE, CATHARINE C.
112-A WEST 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 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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 type="checkbox"/> DELETE
NAME	PETERS, VONNIE
STREET ADDRESS	1475 COLLINSWORTH RD
CITY-ST-ZIP	WESTVILLE FL
TITLE	D <input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 *Robert G. Fleet* **Robert G. Fleet** 02/14/97 (904) 892-8036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010083

CR2E037 (9/96)