


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32433 US
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3. Date Incorporated or Qualified
05/22/1973

4. FEI Number 59-1469145	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

~~REBECCA CATHARINE T.
112 A WEST NELSON AVENUE
DEFUNIAK SPRINGS FL 32433~~

**ELIZABETH S. CAMPBELL
3686 S. US Hwy 331
DEFUNIAK SPRINGS.
FL 32433**

10. Name and Address of New Registered Agent

81 Name ELIZABETH S. CAMPBELL

**82 Street Address (P.O. Box Number is Not Acceptable)
3686 US Hwy 331 S.**

83

84 City DEFUNIAK SPRINGS FL 85 Zip Code 32433

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 Elizabeth S. Campbell **2/19/98**
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, JAMES	1.2 NAME	
STREET ADDRESS	RT. 8 BOX 544	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32423	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEET, ROBERT G, COL	2.2 NAME	
STREET ADDRESS	RT 1 BOX 406	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARK	3.2 NAME	
STREET ADDRESS	515 FLORENCE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, ROBERT	4.2 NAME	
STREET ADDRESS	PO BOX 1388 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, VONNIE	5.2 NAME	
STREET ADDRESS	1475 COLLINSWORTH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BECKY E.	6.2 NAME	
STREET ADDRESS	RT 7 BOX 793	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	6.4 CITY-ST-ZIP	

14. I 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: Vonnie Peters **2/20/98**

CF2E037 (10/97)