


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90002 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726479**

1. Corporation Name  
**CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATI ON, 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/22/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1469145
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMPBELL, ELIZABETH S 3686 US HWY 331 S DEFUNIAK SPGS 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME MCCALL, JAMES	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS RT. 8 BOX 544	CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433	1.2 NAME JONES, BARBARA	
		1.3 STREET ADDRESS 750 STEELE CHURCH ROAD	
		1.4 CITY-ST-ZIP DEFUNIAK SPRINGS, FL. 32433	
TITLE P <input type="checkbox"/> DELETE	NAME FLEET, ROBERT G, COL	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS RT 1 BOX 406	CITY-ST-ZIP SANTA ROSA BEACH FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME DOBSON, ROBERT	3.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 1388 N/A	CITY-ST-ZIP DEFUNIAK SPRINGS FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE DST <input type="checkbox"/> DELETE	NAME PETERS, VONNIE	4.1 TITLE D / V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1475 COLLINSWORTH RD	CITY-ST-ZIP WESTVILLE FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME YOUNG, BECKY E.	5.1 TITLE STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS RT 7 BOX 793	CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433	5.2 NAME HENDERSON, ROBERT	
		5.3 STREET ADDRESS 72 Bob-bo Lane	
		5.4 CITY-ST-ZIP Santa Rosa Beach, Fl. 32459	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Robert Dobson Date \_\_\_\_\_ Daytime Phone # (850) 892-8035

CR2E037 (11/98)

**BOARD OF DIRECTORS**

**C.O.P.E., INC.  
December 1, 1998**

565383-90002-9  
726479

**President:**

Robert Dobson  
Manager, Gulf Power  
P. O. Box 1388  
DeFuniak Springs, Florida 32435  
892-3996 (H) 892-2412 (W)

**President Elect/Vice President:**

Vonnie Peters  
1475 Collinsworth Road  
Westville, Florida 32464  
834-3670 (H) 267-4500 (W)

**Secretary/Treasurer:**

Robert Henderson  
Seashore Circle  
Seagrove Beach, Florida  
267-3504 (H)  
(706) 838-4009

Becky Young  
Walton County Extension Agent  
486 Twin Lake Drive  
DeFuniak Springs, Florida 32433  
892-8172 (W)

Barbara Jones  
Okaloosa-Walton Community College  
750 Steele Church Road  
DeFuniak Springs, Florida 32433  
892-8100 (W)

Colonel Robert Fleet, USA (Ret)  
71 First Court  
Santa Rosa Beach, Florida 32459  
267-2200 (H)

**AUDITOR:**

Saltmarsh, Cleaveland & Gund  
P. O. Drawer 13207