

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726479

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATION, INC.

Current Principal Place of Business:

3686 US HWY 331 S
P.O. BOX 607
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

3686 US HWY 331 S
DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address:

3686 US HWY 331 S
P O BOX 607
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

3686 US HWY 331 S
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 59-1469145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIS, RACHEL R
1952 COUNTY HWY 192
DEFUNIAK SPGS, FL 32433 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GILLIS, RACHEL R
Address: 1952 COUNTY ROAD 192
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: DP () Delete
Name: HENDERSON, ROBERT
Address: 72 BOB-BO LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DV () Delete
Name: JONES, BARBARA
Address: 750 STEELE CHURCH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DST () Delete
Name: YOUNG, BECKY
Address: 486 TWIN LAKE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GILLIS, RACHEL R
Address: 1952 COUNTY ROAD 192
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DST (X) Change () Addition
Name: POTTER, PATRICIA
Address: 568 ALLEN LOOP DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DP (X) Change () Addition
Name: JONES, BARBARA
Address: 750 STEELE CHURCH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DVP (X) Change () Addition
Name: YOUNG, BECKY
Address: 486 TWIN LAKE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL. R. GILLIS

ED

04/29/2002

Electronic Signature of Signing Officer or Director

Date