


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90012 009 ****70.00

DOCUMENT # 726479					
1. Entity Name CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATION, INC.					
Principal Place of Business 3686 US HWY 331 S DEFUNIAK SPRINGS, FL 32435 US			Mailing Address 3686 US HWY 331 S DEFUNIAK SPRINGS, FL 32435 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02242004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1469145	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILLIS, RACHEL R 1952 COUNTY HWY 192 DEFUNIAK SPGS, FL 32433			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, RACHEL R		NAME		
STREET ADDRESS	1952 COUNTY ROAD 192		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, PATRICIA		NAME		
STREET ADDRESS	568 ALLEN LOOP DR.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BARBARA		NAME		
STREET ADDRESS	750 STEELE CHURCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BECKY		NAME		
STREET ADDRESS	486 TWIN LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSCELYN, CLAUDE		NAME		
STREET ADDRESS	908 HWY 90 WEST		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Greg Lathinghouse	
STREET ADDRESS			STREET ADDRESS	PO BOX 531	
CITY-ST-ZIP			CITY-ST-ZIP	Defuniak Springs FL 32435	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rachel R. Gillis</i>		Rachel R. Gillis		2/25/04 850-892-8035	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	