

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2007
Secretary of State**

DOCUMENT# 726479

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

Current Principal Place of Business:

3686 US HWY 331 S
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

3686 US HWY 331 S
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

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: CEO () Delete
Name: GILLIS, RACHEL R
Address: 1952 COUNTY ROAD 192
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: P () Delete
Name: LATHINGHOUSE, GREG
Address: PO BOX 531
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: PP () Delete
Name: JOSCELYN, CLAUDE
Address: 908 HIGHWAY 90 WEST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: BEARD, GERALD
Address: 4413 US HIGHWAY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAGE HOWELL

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date