

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726479

FILED  
Feb 27, 2009  
Secretary of State

**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 (X)**

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

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

Title: ST ( ) Delete  
Name: REYHOLDS, CRAIG  
Address: 272 PIONEER DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP ( ) Delete  
Name: SCHJOTT, DAVID  
Address: 129 WHISPER LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PP (X) Change ( ) Addition  
Name: BEARD, GERALD  
Address: 4413 US HWY 331 S  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: P (X) Change ( ) Addition  
Name: SCHJOTT, DAVID  
Address: 129 WHISPER LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ST (X) Change ( ) Addition  
Name: HINOTE, LETHA  
Address: 672 BALDWIN AVE.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP (X) Change ( ) Addition  
Name: REYNOLDS, CRAIG  
Address: 292 PIONEER DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify 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

VP A

02/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date