

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726479

FILED
Apr 16, 2012
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
Name: GILLIS, RACHEL R
Address: 1952 COUNTY ROAD 192
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: PP
Name: HINOTE, LETHA
Address: 672 BALDWIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: P
Name: TIDWELL, KATELYN
Address: PO BOX 169
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ST
Name: WILLIAMS, CAROLYN
Address: 370 W REDSTONE DR
City-St-Zip: CRESTVIEW, FL 32536

Title: VP
Name: FARRIS, EDDIE LT
Address: PO BOX 1388
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby 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 all other like empowered.

SIGNATURE: PAGE HOWELL

VP

04/16/2012

Electronic Signature of Signing Officer or Director

Date