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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762626 (0)

1. Corporation Name

FOUNDATION FOR CHAUTAUQUA OFFICES OF PSYCHO-THER
APY AND EVALUATION, INC.

Principal Place of Business Mailing Address

3676 US HWY 331 S
PO BOX 607
DEFUNIAK SPRINGS FL 32433
US

3686 US HWY 331 S
P O BOX 607
DEFUNIAK SPRINGS FL 32435-0607
US

3. Date Incorporated or Qualified 03/29/1982
3a. Date of Last Report 03/18/1996

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-2289164 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 23 | 28 | Trust Fund Contribution | <input type="checkbox"/> |
| Zip | Zip | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24 | 29 | | |
| Country | Country | | |
| 25 | 30 | | |

9. Name and Address of Current Registered Agent

REESE, CATHERINE C
211 E NELSON AVE
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | STD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCALL, JAMES | 1.2 NAME | |
| STREET ADDRESS | RT. 8, BOX 544 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL 32433 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLEET, ROBERT G COL | 2.2 NAME | |
| STREET ADDRESS | RT 1 BOX 408 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, MARK | 3.2 NAME | |
| STREET ADDRESS | 515 FLORENCE AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOBSON, ROBERT | 4.2 NAME | |
| STREET ADDRESS | PO BOX 1388 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETERS, VONNIE | 5.2 NAME | |
| STREET ADDRESS | 1475 COLLINSWORTH RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, BECKY E. | 6.2 NAME | |
| STREET ADDRESS | RT. 7, BOX 783 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL 32433 | 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert G. Fleet 02/14/97 (904) 892-8036

CR2E037 (9/96)