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Feb 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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 32433  
US

3. Date Incorporated or Qualified

03/29/1982

4. FEI Number

59-2289164

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PERSONAL NAME~~ ELIZABETH S. CAMPBELL  
~~221 K E NELSON AVE~~ 3686 US Hwy 331 S  
~~DEFUNIAK SPRINGS FL 32433~~ DEFUNIAK SPRINGS  
FL, 32433

81 Name

ELIZABETH S. CAMPBELL

82

Street Address (P.O. Box Number is Not Acceptable)

3686 US Hwy 331 S

83

84

City

DEFUNIAK SPRINGS

FL

85

Zip Code  
32433

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

*Elizabeth S. Campbell*  
Signature, typed or printed name of registered agent and like if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MCCALL, JAMES  
STREET ADDRESS RT. 8, BOX 544  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ DELETE

NAME FLEET, ROBERT G COL  
STREET ADDRESS RT 1 BOX 406  
CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE ☒ DELETE

NAME DAVIS, MARK  
STREET ADDRESS 515 FLORENCE AVE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ DELETE

NAME DOBSON, ROBERT  
STREET ADDRESS PO BOX 1388 N/A  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ DELETE

NAME PETERS, VONNIE  
STREET ADDRESS 1475 COLLINSWORTH RD  
CITY-ST-ZIP WESTVILLE FL

TITLE ☐ DELETE

NAME YOUNG, BECKY E.  
STREET ADDRESS RT. 7, BOX 793  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 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:

*Vonnie Peters*

2/20/98

CR2E037 (10/97)