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Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mprtham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003416 (5)**

1. Corporation Name

**THE CHAUTAUQUA CENTER, INC.**

Principal Place of Business

Mailing Address

**2760 FREEPORT RD., SOUTH  
DEFUNIAK SPRINGS FL 32433**

**2760 FREEPORT RD., SOUTH  
DEFUNIAK SPRINGS FL 32433**

3. Date Incorporated or Qualified

**07/22/1993**

4. FEI Number

**59-3203267**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICKETT, F. DIANE  
2760 FREEPORT RD SOUTH  
DEFUNIAK SPRINGS FL 32433**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD  
PICKETT, F. D  
2760 FREEPORT RD SOUTH  
DEFUNIAK SPRINGS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**ST  
TOTTEN, B. A  
1290 CIRCLE DR SUITE 3  
DEFUNIAK SPRINGS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**D  
RAY, DENNIS  
262 CIRCLE DR  
DEFUNIAK SPRINGS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D  
OLGNE HARVEY  
DIRECTOR  
788 CIRCLE DR  
DEFUNIAK SPRINGS, FL 32433**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE **STD add director** 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

2/24/98

850.892.5932

CR2E037 (10/97)