

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90267 008 ****70.00

DOCUMENT # N93000003416

1. Entity Name

THE CHAUTAUQUA CENTER, INC.



Principal Place of Business

2760 FREEPORT RD., SOUTH
DEFUNIAK SPRINGS FL 32435

Mailing Address

2760 FREEPORT RD., SOUTH
DEFUNIAK SPRINGS FL 32435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DATE



MOORE

CR2E037 (11/03)

4. FEI Number

59-3203267

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICKETT, F. DIANE
2760 FREEPORT RD SOUTH
DEFUNIAK SPRINGS FL 32435

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PICKETT, F. D
STREET ADDRESS 2760 FREEPORT RD SOUTH
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HARVEY, OLENE
STREET ADDRESS 788 CIRCLE DR
CITY-ST-ZIP DE FUNIAK SPRINGS FL 32433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DEBOLT, DEAN--
STREET ADDRESS 1100 UNIVERSITY PKWY
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HARRELL, OLCIE
STREET ADDRESS 688 TWIN LAKE DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME TOTTEN, BARBARA
STREET ADDRESS 1290 CIRCLE DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Olci Harrell OLCIE HARRELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04 18507892-4300
Date Daytime Phone #