


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90077 048 ****61.25

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	4. FEI Number 59-3203267	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PICKETT, F. D 2760 FREEPORT RD SOUTH DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D HARVEY, OLENE 788 CIRCLE DR DEFUNIAK SPRINGS, FL 32433	<input checked="" type="checkbox"/> Delete	SD Ray, Dewey E. 951 White Oak Pass Alpharetta, GA 30005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D DEBOLT, DEAN 1100 UNIVERSITY PKWY PENSACOLA, FL	<input checked="" type="checkbox"/> Delete	TD Linne, William V. P. O. Box 12347 Pensacola, FL 32591	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TD HARRELL, OLCIE 688 TWIN LAKE DR DEFUNIAK SPRINGS, FL 33433	<input checked="" type="checkbox"/> Delete	D Auzenne, Valliere R. 2467 Elfin Dr. Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
SD TOTTEN, BARBARA 1290 CIRCLE DR DEFUNIAK SPRINGS, FL 32435	<input checked="" type="checkbox"/> Delete	D Lowdermilk, Robert E. 615 Pine Needle Ct. East Ridgeland, MS 39157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: F. Diane Pickett <i>F Diane Pickett</i> 2-3-05 (850) 892-4300					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					