

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726479

**FILED**  
**May 14, 2020**  
**Secretary of State**  
**1437522797CC**

**Entity Name:** CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATION, INC.

**Current Principal Place of Business:**

3686 US HWY 331 S  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

3686 US HWY 331 S  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number: 59-1469145**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERICE COMPANY  
1952 COUNTY HWY 192  
DEFUNIAK SPGS, FL 32433 US

*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.*

**SIGNATURE:** GLORIA NASH, ASSISTANT VICE PRESIDENT

05/14/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BEATY, RUSSELL  
Address        75 S DAVIS LANE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           VP  
Name           WHITE, FRANKIE  
Address        650 US HWY 90 E  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title           SECRETARY, TREASURER  
Name           TIDWELL, KATELYN  
Address        688 BALDWIN AVENUE  
                  SUITE 2  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           D  
Name           YOUNGBLOOD, COURTNEY  
Address        721 BAT GROVE ROAD  
City-State-Zip: FREEPORT FL 32439

Title           D  
Name           CAMPBELL, GRAHAM  
Address        785 SOUTH 2ND STREET  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           D  
Name           RODRIGUEZ, KRISTEN  
Address        752 TRIPLE G ROAD  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title           DIRECTOR  
Name           CURRIE, VINCE  
Address        1221 WEST LAKEVIEW AVENUE  
City-State-Zip: PENSACOLA FL 32501

Title           PRESIDENT  
Name           HILL, ALLISON  
Address        3686 US HWY 331 S  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONALD WILKERSON

**CORPORATE  
SECRETARY**

05/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name SALAMIDA, SHAWN  
Address 3686 US HWY 331 S  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title VP  
Name WHITAKER , SANDY  
Address 3686 US HWY 331 S  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title ASST. SECRETARY  
Name WILKERSON, DONALD  
Address 1221 WEST LAKEVIEW AVENUE  
City-State-Zip: PENSACOLA FL 32501