

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726479

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC6359494244**

**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:**

GILLIS, RACHEL R  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            GILLIS, RACHEL R  
Address        1952 COUNTY ROAD 192  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title            PP  
Name            TIDWELL, KATELYN  
Address        PO BOX 169  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title            ST  
Name            WILLIAMS, CAROLYN  
Address        370 W REDSTONE DR  
City-State-Zip: CRESTVIEW FL 32536

Title            PRESIDENT  
Name            SCHJOTT, DAVID  
Address        129 WHISPER LANE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            VP  
Name            HINOTE, LETHA  
Address        672 BALDWIN AVENUE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

*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: RACHEL R. GILLIS**

**CEO**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date