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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703860 (7)

1. Corporation Name
CHILD GUIDANCE CENTER, INC.

Principal Place of Business	Mailing Address
5776 ST AUGUSTINE ROAD JACKSONVILLE FL 32207	5776 ST AUGUSTINE ROAD JACKSONVILLE FL 32207-8030

3. Date Incorporated or Qualified: 04/09/1962
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: 59-0704727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GULICK, DONALD E
5776 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Jack Minge
82 Street Address (P.O. Box Number is Not Acceptable): 5776 St. Augustine Road
83
84 City: Jacksonville **FL** 85 Zip Code: 32207

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: Jack Gulick Jack Minge March 14, 1997 Executive Director
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	DR. ANDREA C. GREGG		1.2 NAME		
STREET ADDRESS	653-1 W 8TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VALENTINE, VERONICA ED. D		2.2 NAME		
STREET ADDRESS	1701 PRUDENTIAL DRIVE, 4TH FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	DR JOSEPH H. HARTMAN		3.2 NAME		
STREET ADDRESS	5700 ST AUGUSTINE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT BRIDGES		4.2 NAME		
STREET ADDRESS	2700 INDEPENDENT SQUARE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCINTOSH, ANN M		5.2 NAME		
STREET ADDRESS	4063 RIBAULT RIVER LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

Jack Gulick 3-14-97 904/636-5250