

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 726520 (0)**  
1. Corporation Name

**THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.**



Principal Place of Business: **3000 41ST STREET OCEAN MARATHON FL 33050**  
Mailing Address: **3000 41ST STREET OCEAN MARATHON FL 33050**

3. Date Incorporated or Qualified: **05/28/1973**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1458324**  
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  
**RICE DAVID P PH.D  
3000 41ST STREET OCEAN  
MARATHON FL 33050**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: \_\_\_\_\_ (NOTE: Registered Agent signatures required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>SD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>BECKWITT, DIANA</b>
STREET ADDRESS: <b>325 CALZADA DEBOUGAIN.</b>	CITY-ST-ZIP: <b>MARATHON, FL 00000</b>
TITLE: <b>VD</b> <input type="checkbox"/> DELETE	NAME: <b>PUTO, MICHAEL</b>
STREET ADDRESS: <b>700 89TH STREET OCEAN</b>	CITY-ST-ZIP: <b>MARATHON FL</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>MEARNS, MARJORIE</b>
STREET ADDRESS: <b>400 70TH ST. GULF</b>	CITY-ST-ZIP: <b>MARATHON, FL 00000</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>SIMPSON, GEORGE</b>
STREET ADDRESS: <b>530 WHITEHEAD STR</b>	CITY-ST-ZIP: <b>KEY WEST FL</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>MYERS, ROBERT S</b>
STREET ADDRESS: <b>5801 OVERSEAS HWY.</b>	CITY-ST-ZIP: <b>MARATHON FL</b>
TITLE: <b>P</b> <input type="checkbox"/> DELETE	NAME: <b>MCDONALD, WILLIAM</b>
STREET ADDRESS: <b>530 WHITEHEAD STR</b>	CITY-ST-ZIP: <b>KEY WEST FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>Treasurer, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: <b>George Hansen</b>
1.3 STREET ADDRESS: <b>Rt. 5, Box 52-B</b>	1.4 CITY-ST-ZIP: <b>Big Pine Key, FL 33043</b>
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME:
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
4.1 TITLE: <b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME:
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Michael Puto* **1/25/96** **305-743-9491**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)