

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726520

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.

Current Principal Place of Business:

3000 41ST STREET OCEAN
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

900 GRIER DRIVE
LAS VEGAS, NV 89119

New Mailing Address:

FEI Number: 59-1458324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MAPES, LYNN
Address: 345 14TH ST
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: TD () Delete
Name: RAMSEY, COL. RICK
Address: 5525 COLLEGE RD.
City-St-Zip: KEY WEST, FL 33040

Title: VC () Delete
Name: MEARNs, MARJORIE
Address: 400 70TH STREET, GULF
City-St-Zip: MARATHON, FL 33050

Title: P () Delete
Name: STEINBERG, RICHARD
Address: 900 GRIER DR
City-St-Zip: LAS VEGAS, NV 89119

Title: D () Delete
Name: WALSH, THOMAS
Address: 180 28TH AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MEARNs, MARJORIE
Address: 400 70TH STREET, GULF
City-St-Zip: MARATHON, FL 33050

Title: PD (X) Change () Addition
Name: STEINBERG, RICHARD
Address: 900 GRIER DR
City-St-Zip: LAS VEGAS, NV 89119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC () Change (X) Addition
Name: SCHRADER, KATHLEEN
Address: 203 APACHE STREET
City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNN C. MAPES

C

04/24/2009

Electronic Signature of Signing Officer or Director

Date