

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George Hansen	
1.3 STREET ADDRESS	Rt. 5, Box 52-B	
1.4 CITY-ST-ZIP	Big Pine Key, FL 33043	
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	Secretary	<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)