

2-6-70 15 100-  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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**  
 4. FEI Number: **59-1458324**  
 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**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

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)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD HANSEN, GEORGE	1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	29559 RANGER	1.2 NAME	
CITY-ST-ZIP	BIG PINE KEY FL	1.3 STREET ADDRESS	
TITLE	VD PUTO, MICHAEL	1.4 CITY-ST-ZIP	
STREET ADDRESS	700 89TH STREET OCEAN	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MARATHON FL	2.2 NAME	
TITLE	D MEARNS, MARJORIE	2.3 STREET ADDRESS	
STREET ADDRESS	400 70TH ST. GULF	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	MARATHON, FL 00000	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S SIMPSON, GEORGE	3.2 NAME	Anna Lockwood
STREET ADDRESS	259K GOODLEY ST.	3.3 STREET ADDRESS	159 S. Bahama Dr.
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	Marathon, FL 33050
TITLE	D FREEMAN, BATEMAN	4.1 TITLE	
STREET ADDRESS	1334 MARLIN DRIVE	4.2 NAME	
CITY-ST-ZIP	MARATHON FL	4.3 STREET ADDRESS	
TITLE	P MCDONALD, WILLIAM	4.4 CITY-ST-ZIP	
STREET ADDRESS	451 89TH ST. OCEAN	5.1 TITLE	
CITY-ST-ZIP	MARATHON FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: Michael Puto **President** 4/6/98 305-243-9491

CR2E037 (10/97)