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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

Mailing Address

3000 41ST STREET OCEAN
MARATHON FL 33050

3000 41ST STREET OCEAN
MARATHON FL 33050

FILED
Feb 06 1998 8:00am
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE DAVID P PH.D
3000 41ST STREET OCEAN
MARATHON FL 33050

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE TD
NAME HANSEN, GEORGE
STREET ADDRESS 29559 RANGER
CITY-ST-ZIP BIG PINE KEY FL

TITLE VD ☐ DELETE

NAME PUTO, MICHAEL
STREET ADDRESS 700 89TH STREET OCEAN
CITY-ST-ZIP MARATHON FL

TITLE D ☐ DELETE

NAME MEARNS, MARJORIE
STREET ADDRESS 400 70TH ST. GULF
CITY-ST-ZIP MARATHON, FL 00000

TITLE S ☐ DELETE

NAME SIMPSON, GEORGE
STREET ADDRESS 259K GOODLEY ST.
CITY-ST-ZIP MARATHON FL

TITLE D ☐ DELETE

NAME FREEMAN, BATEMAN
STREET ADDRESS 1334 MARLIN DRIVE
CITY-ST-ZIP MARATHON FL

TITLE P ☐ DELETE

NAME MCDONALD, WILLIAM
STREET ADDRESS 451 89TH ST. OCEAN
CITY-ST-ZIP MARATHON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Treasurer ☐ Change ☒ Addition

3.2 NAME Anna Lockwood

3.3 STREET ADDRESS 159 S. Bahama Dr.

3.4 CITY-ST-ZIP Marathon, FL 33050

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Director ☒ Change ☐ 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 P. Puto President

1/6/98

305-243-9491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (10/97)