


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90024 031 ****70.00

DOCUMENT # 726520

1. Entity 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

54020220

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



03122004 Chg-NP CR2E037 (10/03)

| | |
|--|--|
| 4. FEI Number 59-1458324 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| RICE DAVID P PH.D 3000 41ST STREET OCEAN MARATHON, FL 33050 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAPES, LYNN 206 MORTON STREET MARATHON, FL 33050 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 57723 MORTON STREET |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PUTO, MICHAEL 700 89TH STREET OCEAN MARATHON, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ-FERIA, ADDY P.O. BOX 28 KEY COLONY BEACH, FL 33051 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SIMPSON, GEORGE 259K GOODLEY ST. MARATHON, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 57443 Goodley STREET |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FREEMAN, BATEMAN 1334 MARLIN DRIVE MARATHON, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCDONALD, WILLIAM 451 89TH ST. OCEAN MARATHON, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAMSEY, COL. RICK 5525 COLLEGE RD KEY WEST FL 33040 |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James C. Hayes* **03/16/04** **(305) 743-2036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

54020220

Attachment to 762520

Chairman/Director
Lynn C. Mapes
57723 Morton Street
Marathon, FL 33050

Director
Col. Rick Ramsey
5525 College Road
Key West, FL 33040

Vice Chairman/Director
David L. Manz
5800 Overseas Highway
Marathon, FL 33050

Director
Don Wathne
57865 Morton Street
Marathon, FL 33050

Secretary/Director
George W. Simpson
57443 Goodley Street
Marathon, FL 33050

Treasurer/Director
Trich Worthington
5601 Overseas Highway
Marathon, FL 33050

Director
Freeman R. Bateman
1334 Marlin Drive
Marathon, FL 33050

Director
Robert E. DeField, DVM
11425 Overseas Highway
Marathon, FL 33050

Director
Marjorie K. Mearns
400 70th Street, Gulf
Marathon, FL 33050

Director
Michael H. Puto
700 89th Street
Marathon, FL 33050