


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 033 ****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 900 GRIER DRIVE LAS VEGAS, NV 89119		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD. SUITE 101 TALLAHASSEE, FL 32301-2960				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007			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	CD	<input type="checkbox"/> Delete	TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAPES, LYNN		NAME	MEARNS, MARJORIE	
STREET ADDRESS	345 14TH ST		STREET ADDRESS	400 70TH STREET, GULF	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051		CITY-ST-ZIP	MARATHON FL 33050	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, GEORGE		NAME	BREWER, MARY	
STREET ADDRESS	57443 GOODLEY ST.		STREET ADDRESS	2950 S INDUSTRIAL ROAD	
CITY-ST-ZIP	MARATHON, FL		CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, COL. RICK		NAME	SIMPSON, GEORGE	
STREET ADDRESS	5525 COLLEGE RD.		STREET ADDRESS	57443 GOODLEY STREET	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WADHAMS, JIM	
STREET ADDRESS			STREET ADDRESS	3773 HOWARD HUGHES PKWY, 3RD FL SOUTH	
CITY-ST-ZIP			CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WALSH, THOMAS	
STREET ADDRESS			STREET ADDRESS	180 28TH AVENUE NORTH	
CITY-ST-ZIP			CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	STEINBERG, RICHARD	
STREET ADDRESS			STREET ADDRESS	900 GRIER DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	LAS VEGAS NV 89119	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Peter Ventrella</u> CFO 2/6/07 (702)385-2090					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

