FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713032 (1)

1. Corporation Name
GULF COUNTY GUIDANCE CLINIC, INC.

Principal Place of Business	Mailing Address
311 WILLIAMS AVE. PORT ST JOE FL 32456	311 WILLIAMS AVE. PORT ST JOE FL 32456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1967
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1565514 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~ROUSE, DORIS~~
~~309 AVE.~~
~~PORT ST. JOE FL 32456~~

10. Name and Address of New Registered Agent

81 Name: Richardson, W. Alan
82 Street Address (P.O. Box Number is Not Acceptable): 1319 McClellan Avenue
83
84 City: Port St. Joe, FL 85 Zip Code: 32456

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Walter Alan Richardson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 04-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE		☐ Change ☐ Addition
NAME	ROUSE, DORIS	1.2 NAME		
STREET ADDRESS	309 AVE C	1.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST JOE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	GIBSON, MARY	2.2 NAME		
STREET ADDRESS	1200 MONUMENT AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. JOE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FAISON,JAMES	3.2 NAME	Faison, James	
STREET ADDRESS	1010 PALM BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST JOE, FL 00000	3.4 CITY-ST-ZIP	Port St. Joe, Fl 32456	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, CHRISTINE	4.2 NAME		
STREET ADDRESS	225 AVE B	4.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST JOE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	COMFORTER, W. P.	5.2 NAME		
STREET ADDRESS	501 SEVENTH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST JOE FL	5.4 CITY-ST-ZIP		
TITLE	DP	6.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, W. A	6.2 NAME		
STREET ADDRESS	1319 MCCLELLAN AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL	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)(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: Walter Alan Richardson 04-15-95 (904)227-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W. Alan Richardson

713032

GULF COUNTY GUIDANCE CLINIC, INC.

311 WILLIAMS AVENUE
PORT ST. JOE, FLORIDA 32456

EDWIN R. AILES, M.S.
EXECUTIVE DIRECTOR

TELEPHONE
(904) 227-1145

Board of Directors

T-D	Huft, Jerry	P.O. Box 786 2016 Monument Avenue Port St. Joe, Fl 32456
D	McDonald, Jan	P.O. Box 204 Port St. Joe, Fl 32456
D	Utzinger, Darol	P.O. Box 786 Port St. Joe, Fl 32456
D	Sechez, Dr. Rudy H	1301 Monument Avenue Port St. Joe, Fl 32456
V-D	Nelson, Dr. Tim	411 Baltzell Avenue Port St. Joe, Fl 32456