

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

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**

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PORT ST JOE FL 32456**

3. Date Incorporated or Qualified
07/06/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1565514

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDSON, W. A
1319 MCCLELLAN AVENUE
PORT ST. JOE FL 32456**

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

W. A. Richardson

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

(NOTE: Registered Agent signature required when reappointing)

4-16-1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **ROUSE, DORIS**
CITY-ST-ZIP **309 AVE C**
PT ST JOE, FL 00000

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **T/D**
1.3 STREET ADDRESS **Father Jerry Huft**
1.4 CITY-ST-ZIP **2016 Monument Avenue**
Port St. Joe, FL 32456

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GIBSON, MARY**
CITY-ST-ZIP **1200 MONUMENT AVE.**
PT. ST. JOE FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Dr. Rudy Sechez**
2.4 CITY-ST-ZIP **1301 Monument Avenue**
Port St. Joe, FL 32456

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **FAISON, JAMES**
CITY-ST-ZIP **1010 PALM BLVD**
PT ST JOE, FL 00000

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Carol Utzinger**
3.4 CITY-ST-ZIP **116 Monica Drive**
Port St. Joe, FL 32456

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WILLIAMS, CHRISTINE**
CITY-ST-ZIP **225 AVE B**
PT ST JOE, FL 00000

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Jan McDonald**
4.4 CITY-ST-ZIP **1902 Forest Park Avenue**
Port St. Joe, FL 32456

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COMFORTER, W. P.**
CITY-ST-ZIP **501 SEVENTH STREET**
PT. ST JOE FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Mary Ciaz**
5.4 CITY-ST-ZIP **271 H.L. Sudduth Circle**
Panama City, FL 32401

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **RICHARDSON, W. A**
CITY-ST-ZIP **1319 MCCLELLAN AVENUE**
PORT ST. JOE FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Dr. Tim Nelson**
6.4 CITY-ST-ZIP **411 Baltzell Avenue**
Port St. Joe, FL 32456

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)(k), 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:

W. A. Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1996

Date

Daytime Phone #

CR2E037 (12/95)