FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713032

(1)

GULF COUNTY GUIDANCE CLINIC, INC.

FILED May 15 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address	-	: 1009110 1908) 11800 11111 00160 FACE (10) UIDII UIDII 01011 0101 0151 0151 01011 1001	
311 WILLIAMS AVE. PORT ST JOE FL 32456		311 WILLIAMS AVE. PORT ST JOE FL 32456-1	845			
				 Date Incorporated or Qualified 07/06/1967 	3a. Date of Last Report 04/19/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 Suite Act # ote		26 Suite, Apt. #, etc.		59-1565514	Not Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	This corporation has liability for	7,0000 10,1000	
24	25	29	30		Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
RICHARDSON, W. A			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
	CLELLAN AVENUE					
PORT ST. JOE FL 32456			83			
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Soctions 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 langular with, and accept the obligations of Section 617.0503, Florida Statutes.						
SIGNATURE	Watter Han	Kichardon	<u> </u>	4	/8/97	
12.	Signature, typed or printed name of registered at OFFICERS At	gent and tille it applicable. (NO ND DIRECTORS	TR: Registered Agent signature	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12	
TITLE	DS	DELETE	1.1 TOLE	ADDITION GRAPH CO. CO. CO.	CERS AND DIRECTORS IN 12 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	☐ DELETE	2.1 TITLE		Change Addition	
NAME	GIBSON, MARY		2.2 NAME			
STREET ADDRESS	1200 MONUMENT AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PT. ST. JOE FL	DELETE	2. 4 CITY- ST- ZIP			
NAME	TD ICONY	LJ DELLETE	3.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS	FATHER, JERRY H 2016 MONUMENT AVE		3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP	PT ST JOE FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	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	☐ DELETE	5 1 TITLE		Change Addition	
NAME	COMFORTER, W. P.		5.2 NAME			
STREET ADDRESS	501 SEVENTH STREET		53 STREET ADDRESS			
CITY-ST-ZIP	PT. ST JOE FL		5 4 C(TY-ST-Z)P			
TITLE	DP	☐ DELFTE	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			

I do nereby 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.

1996 - 1997

BOARD OF DIRECTORS

NAME	ADDRESS	TELEPHONE/OCCUPATION
Richardson, Alan President	P. O. Box 1152 Port St. Joe, FL, 32456 Wor	Home: 229-8164 k: 229-6395
Gibson, Mary Vice-President	1303 Constitution Port St. Joe, FL, 32456 Occ (temporary beach #)	Home: 229-8183 supation: Homemaker contact: 647-8805
Rouse, Doris Secretary	309 Avenue C Port St. Joe, FL, 32456 Occ	Home: 229-8030 upation: Retired
Huft, Jerry Treasurer	P. O. Box 786 Port St. Joe, FL, 32456 Wor	Home: 229-8290 k: 227-1845 Occupation: Minister
Nelson, Tim Director	411 Baltzell Avenue Port St. Joe, FL, 32456 Occ	Work: 229-8400 upation: Vet
Williams, Christine Director		e: 229-8088 k: retired Occupation: Teacher
Comforter, W. P. Director Businessman	501-7th Street Port St. Joe, FL, 32456 World	Home: 229-6226 k: 227-1818 Occupation:
Daginessian		
McDonald, Jan Director	P. O. Box 204 Home Port St. Joe, FL, 32456 Work	e: 229-6237 c: 872-4340 Occupation: JTPA
Utzinger, Carol Director	118 Monica Drive Port St. Joe, FL, 32456 Work	Home: 229-9358 c: 227-1845 Occupation: Therapist
	Port St. Jour FL Occo	Work: 220-6774 pasion carropractor
Cias, Mary Director	271 H.L. Sudduth Circle Panama City, FL 32404 Work	