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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # 726520 (0)
 1. Corporation Name
THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.



Principal Place of Business Mailing Address
3000 41ST STREET OCEAN MARATHON FL 33050 **3000 41ST STREET OCEAN MARATHON FL 33050**

3. Date Incorporated or Qualified
05/28/1973

4. FEI Number
59-1458324

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

RICE DAVID P PH.D
3000 41ST STREET OCEAN
MARATHON FL 33050

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HANSEN, GEORGE	
STREET ADDRESS	29559 RANGER	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PUTO, MICHAEL	
STREET ADDRESS	700 89TH STREET OCEAN	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEARNS, MARJORIE	
STREET ADDRESS	400 70TH ST. GULF	
CITY-ST-ZIP	MARATHON, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMPSON, GEORGE	
STREET ADDRESS	259K GOODLEY ST.	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, BATEMAN	
STREET ADDRESS	1334 MARLIN DRIVE	
CITY-ST-ZIP	MARATHON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCDONALD, WILLIAM	
STREET ADDRESS	451 89TH ST. OCEAN	
CITY-ST-ZIP	MARATHON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anna Lockwood	
3.3 STREET ADDRESS	159 S. Bahama Dr.	
3.4 CITY-ST-ZIP	Marathon, FL 33050	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Michael White **President** 4/6/98 305-243-9491

CR2E037 (10/97)