


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90076 038 ****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 3000 41ST STREET OCEAN MARATHON, FL 33050 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 04012005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-1458324 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input checked="" type="checkbox"/> \$8.75-Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| RICE DAVID P PH.D 3000 41ST STREET OCEAN MARATHON, FL 33050 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAPES, LYNN | | NAME | | |
| STREET ADDRESS | 57723 MORTON ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARATHON, FL 33050 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PUTO, MICHAEL | | NAME | | |
| STREET ADDRESS | 700 89TH STREET OCEAN | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARATHON, FL | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SIMPSON, GEORGE | | NAME | | |
| STREET ADDRESS | 27443 GOODLEY ST. | | STREET ADDRESS | 57443 GOODLEY ST. | |
| CITY-ST-ZIP | MARATHON, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FREEMAN, BATEMAN | | NAME | | |
| STREET ADDRESS | 1334 MARLIN DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARATHON, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RAMSEY, COL. RICK | | NAME | | |
| STREET ADDRESS | 5525 COLLEGE RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 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:  | | | 4/5/05 305-743-2036 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

ATTACHMENT

50034962

Attachment to 726520

Chairman/Director
Lynn Mapes
57723 Morton Street
Marathon, FL 33050

Vice Chairman/Director
David Manz
5800 Overseas Highway
Marathon, FL 33050

Secretary/Director
George Simpson
57443 Goodley Street
Marathon, FL 33050

Treasurer/Director
Trich Worthington
5601 Overseas Highway
Marathon, FL 33050

Director
Freeman Bateman
1334 Marlin Drive
Marathon, FL 33050

Director
Col. Rick Ramsey
5525 College Road
Key West, FL 33040

Director
Robert DeField, DVM
11425 Overseas Highway
Marathon, FL 33050

Director
Marjorie Mearns
400 70th Street, Gulf
Marathon, FL 33050

Director
Michael Puto
700 89th Street
Marathon, FL 33050