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FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726696

(8)

1. Corporation Name

GUIDANCE CLINIC OF THE UPPER KEYS, INC.

Principal Place of Business

Mailing Address

**MILE MARKER 90
P O BOX 363
TAVERNIER FL 33070**

**MILE MARKER 90
P O BOX 363
TAVERNIER FL 33070**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/13/1973

4. FEI Number

59-1462836

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. 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

10. Name and Address of New Registered Agent

**LANNON, BERNADETTE
137 FONTAINE LAKE DR
TAVERNIER FL 33070**

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 and agree to accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

R. Matthews, PhD

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

LANNON, BERNADETTE

STREET ADDRESS

137 FONTAINE LAKE DR

CITY - ST - ZIP

TAVERNIER FL

TITLE

SD

☐ DELETE

NAME

PRIBYL, AUDREY

STREET ADDRESS

130 FONTAINE LAKE DR

CITY - ST - ZIP

TAVERNIER FL

TITLE

FOLEY, ROBERT

☐ DELETE

STREET ADDRESS

87108 OVERSEAS HIGHWAY

CITY - ST - ZIP

ISALMORADA FL

TITLE

VD

☐ DELETE

NAME

SCHRAEDER, KAHTLEEN

STREET ADDRESS

203 APACHE

CITY - ST - ZIP

TAVERNIER FL

TITLE

EXD

☐ DELETE

NAME

MATTHEWS, RICHARD PH.D

STREET ADDRESS

139 MOWHAWK

CITY - ST - ZIP

TAVERNIER FL 33070

TITLE

NAME

☐ DELETE

STREET ADDRESS

NAME

CITY - ST - ZIP

NAME

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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:

R. Matthews, PhD

2/10/98 853.3284

CP2E037 (1097)