5/3/0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-03-2001 90032 046 ****70.00

DOCUMENT # 726696

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1462636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANNON, BERNADETTE
137 FONTAINE LAKE DR
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name KATHLEEN SCHRADER
Street Address (P.O. Box Number is Not Acceptable)
203 APACHE ST
City TAVERNIER FL Zip Code 33070

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.

SIGNATURE Kathleen Schrader Pres. 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANNON, BERNADETTE 137 FONTAINE LAKE DR TAVERNIER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARY HANSLEY 88181 OLD HWY #2 ISLAMORADA, FL 33036	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOLEY, ROBERT 87108 OVERSEAS HIGHWAY ISALMORADA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Reverend Ralph Johnson mm 92 STE 5 TAVERNIER FL 33070	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHRAEDER, ~~KAHTLEEN~~ 203 APACHE TAVERNIER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President KATHLEEN Schrader	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXD MATTHEWS, RICHARD PH.D 139 MOWHAWK TAVERNIER FL 33070	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Barbara Lindner 142 Ridge Rd ISLAMORADA FL 33036	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROCKY HUBERT 92200 Overseas Hwy TAVERNIER FL 33070	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR REVEREND DON OLSON 88181 OLD HWY A-41 ISLAMORADA FL 33036	☐ Change ☒ Addition D

CR2E037 (10/00)

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: Richard Matthews PhD Richard Matthews PhD 4/25/01 305-853-3284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #