

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:30

DOCUMENT # N12266 (5)

1. Corporation Name

HANDICAPPED JOB PLACEMENT COUNCIL OF THE FLORIDA KEYS, INC.

Principal Place of Business

Mailing Address

012 SOUTHARD ST
P.O. BOX 2571
KEY WEST FL 33045

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P.O. BOX 2571
KEY WEST FL 33045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized 3a. Date of Last Report

11/25/1985

02/14/1994

4. FEI Number

59-2596359

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fees Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental

Fees Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KILLIAN, GAIL
HYATT 601 FRONT ST
KEY WEST FL 33040

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Gale Killian

Signature typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-registering.

1/17/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KILLIAN, GAIL
HYATT 601 FRONT ST
KEY WEST FL

VD
BAIR, MARY
5901 W JR. COLLEGE RD
KEY WEST FL

TD
RODRIGUES, PAULA
5100 JR COLLEGE RD
KEY WEST FL

ED
WAITE, BRUCE DR.
27-B BLUE WATER DR
KEY WEST FL

SD
FELTMAN, MARIA
450 M-6 BLACKBEARD LANE
KEY WEST FL

D
HART, DAVID
1111 12TH ST
KEY WEST FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Secretary
Travis, Dalia
3112 Flagler Avenue
Key West, FL 33040

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 liquidator thereof; that I am employed 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:

DR. BRUCE WAITE

Bruce Waite

1/17/95

Date

(805) 292-6762

Telephone #