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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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305-292-6762

Daytime Phone #

DOCUMENT #
1. Corporation Name

1996

SIGNATURE: Bruce WaiTE

SITURE WAS TE X O CONTROL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

(5)

HANDICAPPED JOB PLACEMENT COUNCIL OF THE FLORIDA

N12266

| Principal Place o | of Business | Ma | ailing Address | | | | (1888/1181 AMI 11818 11818 (1818 AXI | 19 EUI 979H EH | 910 8 18 16 9 18 6) 1 | |
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| 812 SOUTHAR | D ST | 8 | 312 SOUTHARD ST | | | | | | | |
| P.O. BOX 2571 KEY WEST FL 33045 | | | P.O. BOX 2571 | | | | | | | |
| | | , | KEY WEST FL 33045 | | | | Date incorporated or Qualified 11/25/1985 | 3a . D | ate of Last F 01/30/19 | |
| 2. Principal Pla | ce of Business | 2a. | . Mailing Address | | | | 4. FEI Number | | A | pplied For |
| | | 26 | | | | | 59-2596359 | | | lot Applicabl |
| Suite, Apt. # | , etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | F | | Additional lequired |
| City & State | | | City & State | | | | 6. Election Campaign Financing | | | May Be |
| <u> </u> | Country | 28 | Zip | | Country | | Trust Fund Contribution 8. This corporation has liability for | | | to Fees |
| Zip I | Country 25 | 29 | Σiμ | 30 | Country | | | Yes 🖫 | | 100.002, |
| 1 | 9. Name and Address of Cu | | stered Agent | 130 | | | 10. Name and Address of New | | | |
| | <u>-</u> | 4 :_ | | | 81 | Name | | | | |
| KILLIAM | GAN | | | | 82 | Street Arich | ress (P.O. Box Number is Not Accepta | ible) | | |
| KILLIAN, GAIL HYATT 601 FRONT ST KEY WEST FL 33040 | | | | | 62 Street Aut | | IICOS (F. C.). DON TREITING TO TACK PROOPING OF | | | |
| | | | | | 83 | | | | | |
| | | | | | 84 | City | | P -1 | 85 Zip | Code |
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| Pursuant to or registere | o the provisions of Sections 617.0 ed agent, or both, in the State of | J502 and 61 Florida, Suci | h change was autho | rates, trie prized by t | the corp | oration's bo | ration submits this statement for the part of directors. I hereby accept the ap | pointment a | s registered | agent. I arr |
| familiar wit | n, and accept the colligations of, | Section on | .0505, Folioa Stato | 100 | · | \ | \sim 2 U \sim | | 416 | |
| | - Mario da Anta t / | | حصند. ۲۰۱۳ میل | | X | 1 - 2 | | | | |
| | Bruce Waite, (| ALCUTT agent and title if | lye Direct | | stered Agen | nt signature require | ed when reinstating) | DATE | | |
| | Signature, typed or printed name of registered | AND DIRECT | applicable | (NOTE: Regis | stered Agen | nt signature require | ed when reinstating) ADDITIONS/CHANGES TO OF | | | RS IN 12 |
| 2. | Signature, typed or printed name of registered OFFICERS | agent and title if | applicable | (NOTE: Regis | | nt signature require | | | | |
| I2. | Signature, typed or printed name of registered OFFICERS | agent and title if | applicable CTORS | (NOTE: Regis | 13. | nt signature require | | | D DIRECTO | |
| 12. TITLE | Signature, typed or printed name of registered OFFICERS | agent and title if | applicable CTORS | (NOTE: Regis | 13. 11 TITLE | | | | D DIRECTO | |
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