


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N12266 (5)
1. Corporation Name
HANDICAPPED JOB PLACEMENT COUNCIL OF THE FLORIDA KEYS, INC.



Principal Place of Business 812 SOUTHARD ST P.O. BOX 2571 KEY WEST FL 33045	Mailing Address 812 SOUTHARD ST P.O. BOX 2571 KEY WEST FL 33045-2571
---	--

3. Date Incorporated or Qualified 11/25/1985	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2596359	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KILLIAN, GAIL
HYATT 601 FRONT ST
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

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. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Bruce Waite, Bruce Waite, Executive Director* **NO CHANGE** **1997**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KILLIAN, GAIL	
STREET ADDRESS	HYATT 601 FRONT ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAIR, MARY	
STREET ADDRESS	5901 W JR. COLLEGE RD	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUES, PAULA	
STREET ADDRESS	5100 JR COLLEGE RD	
CITY-ST-ZIP	KEY WEST FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WAITE, BRUCE DR.	
STREET ADDRESS	27-B BLUE WATER DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRAVIS, DALIA	
STREET ADDRESS	3112 FLAGLER AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>only Williams, Mary</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Bruce Waite, Bruce Waite, Ex. Director* **2/97** **305-292-6762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024746

CR2E037 (9/96)