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**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90001 019 \*\*\*\*70.00

0025201

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N12266**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified  
**11/25/1985**

4. FEI Number **59-2596359**  
 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**

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 *X Gail Killian*

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

(NOTE: Registered Agent signature required when reinstating)

**3/8/99**  
 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		<input type="checkbox"/> DELETE
NAME	LAWES, STEVE	
STREET ADDRESS	100 COUNTY RD	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WAITE, BRUCE DR.	
STREET ADDRESS	27-B BLUE WATER DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	<del>TRAVIS, DALIA</del>	
STREET ADDRESS	<del>3112 FLAGLER AVENUE</del>	
CITY-ST-ZIP	<del>KEY WEST FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vice President</b>
4.3 STREET ADDRESS	<b>MONIQUE Acevedo</b>
4.4 CITY-ST-ZIP	<b>812 SOUTHARD ST.</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Treasurer</b>
5.3 STREET ADDRESS	<b>Elena Herrera</b>
5.4 CITY-ST-ZIP	<b>1111 12th ST.</b>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*X* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/99**  
 Date

**305-292-6762**  
 Daytime Phone #

CR2F037-11/98