


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725173** (9)
1. Corporation Name
FLORIDA COUNCIL OF HANDICAPPED ORGANIZATIONS, IN C.

Principal Place of Business 2210 WARREN JERNIGAN PL. PENSACOLA FL 32514	Mailing Address 2210 WARREN JERNIGAN PL. PENSACOLA FL 32514-5937
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/03/1973	3a. Date of Last Report 04/26/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1684245	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	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	

9. Name and Address of Current Registered Agent JERNIGAN, WARREN 2210 WARREN JERNIGAN PL. PENSACOLA FL 32514				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 **WARREN H. JERNIGAN** *Warren H. Jernigan* **4-25-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JERNIGAN, WARREN			1.2 NAME	Ellis, Claudia		
STREET ADDRESS	2210 WARREN JERNIGAN PL			1.3 STREET ADDRESS	8810 Jernigan Rd.		
CITY-ST-ZIP	PENSACOLA FL 32514			1.4 CITY-ST-ZIP	Pensacola, FL 32514		
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORR, JANE			2.2 NAME	Bush, James C.		
STREET ADDRESS	148 WEST 6TH ST.			2.3 STREET ADDRESS	Rt. #4, Box 175-E		
CITY-ST-ZIP	JACKSONVILLE FL 32206			2.4 CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYNES, TOM			3.2 NAME			
STREET ADDRESS	1709 A MAHAN DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREYER, CAROL A			4.2 NAME			
STREET ADDRESS	345 S MAGNOLIA DR #D11			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVER, RICARDO			5.2 NAME			
STREET ADDRESS	720 DENNING DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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.

SIGNATURE: **WARREN JERNIGAN** *Warren H. Jernigan* **4-25-97** **904-477-8376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone # 0073071)

CR2E037 (9/96)