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Apr 28 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 725173

1. Corporation Name

Florida Council of Handicapped Organizations, Inc.

Principal Place of Business

Mailing Address

Pensacola, FL

2210 Warren Jernigan Pl.  
Pensacola, FL 32514

3. Date Incorporated or Qualified

01/03/73

4. FEI Number

59-1684245

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Warren H. Jernigan  
2210 Warren Jernigan Place  
Pensacola, FL 32514

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*

NOTE: Registered Agent signature required when re-registering.

DATE

4-23-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME President  
STREET ADDRESS Warren H. Jernigan  
CITY-ST-ZIP 2210 Warren Jernigan Place  
Pensacola, FL 32514

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

TITLE ☒ DELETE  
NAME Treasurer  
STREET ADDRESS Claudia Ellis  
CITY-ST-ZIP 7719 Jernigan Rd.  
Pensacola, FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Treasurer  
2.3 STREET ADDRESS David Jones - D  
2.4 CITY-ST-ZIP 2214 Tallahassee Dr,  
Tallahassee, FL 32308

TITLE ☒ DELETE  
NAME Director  
STREET ADDRESS James C. Bush  
CITY-ST-ZIP RT 4 Box 175-E  
Bonifay, FL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Vice President - D  
3.3 STREET ADDRESS James C. Bush  
3.4 CITY-ST-ZIP Rt 4, Box 175-E  
Bonifay, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Secretary  
4.3 STREET ADDRESS Cindy Jackson - D  
4.4 CITY-ST-ZIP 301 N. Oklahoma St.  
Bonifay, FL 32435

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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)(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: Warren H. Jernigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 477-8376

CR2E037 (10/97)