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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
Warren H. Jernigan
2210 Warren Jernigan Place
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* DATE 4-23-98

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Warren H. Jernigan	
STREET ADDRESS	2210 Warren Jernigan Place	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Claudia Ellis	
STREET ADDRESS	7719 Jernigan Rd.	
CITY-ST-ZIP	Pensacola, FL	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	James C. Bush	
STREET ADDRESS	RT 4 Box 175-E	
CITY-ST-ZIP	Bonifay, FL	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Treasurer
2.3 STREET ADDRESS	David Jones - D
2.4 CITY-ST-ZIP	2214 Tallahassee Dr, Tallahassee, FL 32308
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Cindy Jackson - D
4.4 CITY-ST-ZIP	301 N. Oklahoma St. Bonifay, FL 32435
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 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 in an attachment with an address.

SIGNATURE: *Warren H. Jernigan* DATE: 4-23-98 (850) 477-8376

CR2E037 (10/97)