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Mar 19 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 # N26829 (4)
1. Corporation Name
KEY WEST PRESCHOOL CO-OPERATIVE, INC.



Principal Place of Business Mailing Address
P.O. BOX 4177, N/A KEY WEST FL 33041-4177 US
P.O. BOX 4177, N/A KEY WEST FL 33041-4177 US

3. Date Incorporated or Qualified 06/07/1988
3a. Date of Last Report 04/15/1996
4. FEI Number 65-0056669 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [] No

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

9. Name and Address of Current Registered Agent
DOLAN-HEITLINGER, EILEEN
21 AZALEA DRIVE
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81 Name LORRAINE PURVIS
82 Street Address (P.O. Box Number is Not Acceptable) 1023-A MITSCHER DRIVE
83
84 City KEY WEST FL 85 Zip Code 33040

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 *Lorraine Purvis* 1996/97 President 3-11-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D [X] DELETE
NAME DOLAN-HEITLINGER, EILEEN
STREET ADDRESS 21 AZALEA DRIVE
CITY-ST-ZIP KEY WEST FL
TITLE D [X] DELETE
NAME NEY, WENDI
STREET ADDRESS 1300 15TH COURT, #76
CITY-ST-ZIP KEY WEST FL
TITLE D [X] DELETE
NAME LAWRENCE, SUE
STREET ADDRESS 130 15TH COURT #75
CITY-ST-ZIP KEY WEST FL
TITLE S [X] DELETE
NAME PURVIS, LORRAINE
STREET ADDRESS 1023-A MITSCHER DRIVE
CITY-ST-ZIP KEY WEST FL
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT D/P [X] Change [] Addition
1.2 NAME LORRAINE PURVIS
1.3 STREET ADDRESS 1023-A MITSCHER DR.
1.4 CITY-ST-ZIP KEY WEST, FL 33040
2.1 TITLE VICE PRESIDENT D/V [X] Change [] Addition
2.2 NAME YVETTE LEE
2.3 STREET ADDRESS 3930 S. ROOSEVELT #W208
2.4 CITY-ST-ZIP KEY WEST, FL 33040
3.1 TITLE TREASURER D/T [X] Change [] Addition
3.2 NAME STACY HANNAH
3.3 STREET ADDRESS 524 GRINNELL ST.
3.4 CITY-ST-ZIP KEY WEST, FL 33040
4.1 TITLE SECRETARY S [X] Change [] Addition
4.2 NAME ROBIN TOMITA
4.3 STREET ADDRESS 3731 DUCK AVE.
4.4 CITY-ST-ZIP KEY WEST, FL 33040
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] 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: *Stacy L. Hannah* STACY L. HANNAH 3-8-97 (305) 292-4685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024683

CR2E037 (9/96)