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**Feb 24 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 # N26829 (4)**

1. Corporation Name  
**KEY WEST PRESCHOOL CO-OPERATIVE, INC.**



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

Mailing Address  
**P.O. BOX 4177, N/A  
KEY WEST FL 33041-4177  
US**

3. Date Incorporated or Qualified  
**06/07/1988**

4. FEI Number  
**65-0056669**

Applied For  
 Yes  Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

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  
**LORRAINE PURVIS  
1023-A MITSCHER DR  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name **Christine Rodriguez**

82 Street Address (P.O. Box Number is Not Acceptable)  
**624 Ashe St.**

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 **Ellen Eshman Riley** DATE **2-17-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/>
NAME	LORRAINE PURVIS	
STREET ADDRESS	1023-A MITSCHER DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	YVETTE LEE	
STREET ADDRESS	3930 S ROOSEVELT W208	
CITY-ST-ZIP	KEY WEST FL	
TITLE	DT	<input checked="" type="checkbox"/>
NAME	STACY HANNAH	
STREET ADDRESS	524 GRINNELL ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	ROBIN TOMITA	
STREET ADDRESS	3731 DUCK AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Christine Rodriguez		
1.3 STREET ADDRESS	624 Ashe St		
1.4 CITY-ST-ZIP	Key West, FL 33040		
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Kim Wright		
2.3 STREET ADDRESS	3713 Pearlman Ct.		
2.4 CITY-ST-ZIP	Key West, FL 33040		
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Ellen Riley		
3.3 STREET ADDRESS	1214 Varela St.		
3.4 CITY-ST-ZIP	Key West, FL 33040		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Tracy Dillon		
4.3 STREET ADDRESS	17233 La Brisa Lane		
4.4 CITY-ST-ZIP	Sugarloaf Key, FL 33042		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **Ellen Eshman Riley** Treasurer 1-20-98 (305)296-4749

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Month-Year Phone #

CP2E037 (10/97)