


FILE NOW. FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26829

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

37302Z - 90041 - 47

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/07/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0056669
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CHRISTINE RODRIGUEZ 624 ASHE ST KEY WEST FL 33040	10. Name and Address of New Registered Agent 81 Name Kari Hjerpe 82 Street Address (P.O. Box Number is Not Acceptable) 1211 Packer Street 83 Key West, FL 84 City Key West, FL 85 Zip Code 33040
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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 *[Signature]* DATE **1/19/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTINE RODRIGUEZ		1.2 NAME Kari Hjerpe	
STREET ADDRESS 624 ASHE ST		1.3 STREET ADDRESS 1211 Packer St.	
CITY-ST-ZIP KEY WEST FL 33040		1.4 CITY-ST-ZIP Key West, FL 33040	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIM WRIGHT		2.2 NAME Judy Tomata	
STREET ADDRESS 3713 PEARLMAN CT		2.3 STREET ADDRESS 17 Key Haven Terrace	
CITY-ST-ZIP KEY WEST FL 33040		2.4 CITY-ST-ZIP Key West, FL 33040	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLEN RILEY		3.2 NAME Jill Cowie	
STREET ADDRESS 1214 VARELA ST		3.3 STREET ADDRESS To Bay Drive	
CITY-ST-ZIP KEY WEST FL 33040		3.4 CITY-ST-ZIP Sugarleaf Key, FL 33042	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRACY DILLON		4.2 NAME Cheri Trinchento	
STREET ADDRESS 17233 LA BRISA LN		4.3 STREET ADDRESS 20926 8th Ave. W	
CITY-ST-ZIP SUGARLEAF KEY FL 33042		4.4 CITY-ST-ZIP Cudjoe Key, FL 33042	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]* SIGNATURE REQUIRED
 DATE: 1/19/99 DAYTIME PHONE #: 305-744-4457

CR2E037 (1/98)