

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 720255 (9)**  
1. Corporation Name  
**KELLY FOUNDATION, INC.**



Principal Place of Business: **801 E. SUGARLAND HWY. CLEWISTON FL 33440**  
Mailing Address: **801 E. SUGARLAND HWY. CLEWISTON FL 33440**

3. Date Incorporated or Qualified: **02/15/1971**  
3a. Date of Last Report: **03/28/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-6153269</b>	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country				

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KELLY, ROBERT W  
136 W CIRCLE DR  
CLEWISTON FL 33440**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, EILEEN I</b>	12 NAME	<b>KELLY, NICHOLAS D</b>
STREET ADDRESS	<b>11095 S W 53 AV</b>	13 STREET ADDRESS	<b>8255 NW 58th St</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	14 CITY-ST-ZIP	<b>Miami, FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, LOYD G</b>	22 NAME	
STREET ADDRESS	<b>11095 S W 53 AVE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELLEY, EVELYN J</b>	32 NAME	
STREET ADDRESS	<b>2845 GRANADA BLVD</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, MARJORIE H</b>	42 NAME	
STREET ADDRESS	<b>235 E ARCADE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON, FL 00000</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, LOYD PATRICK</b>	52 NAME	
STREET ADDRESS	<b>8255 NW 58TH ST</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	54 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, ROBERT W</b>	62 NAME	
STREET ADDRESS	<b>136 W CIRCLE DR</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON, FL 00000</b>	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Robert W. Kelly* **ROBERT W. KELLY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/96** **941-983-8177**  
Date Daytime Phone #

CR2E037 (12/95)