

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 720255

1. Entity Name
KELLY FOUNDATION, INC.



Principal Place of Business
**801 E. SUGARLAND HWY.
CLEWISTON, FL 33440**

Mailing Address
**801 E. SUGARLAND HWY.
CLEWISTON, FL 33440**



01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6153269

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000219987
02/08/05-80048-023 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WYSE, ALDEN M
229 E. ESPERANZA
CLEWISTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KELLY, LOYD G
11095 S W 53 AVE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KELLY, NICHOLAS D
11095 SW 53 AVE
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KELLY, MARJORIE H
235 E ARCADE
CLEWISTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KELLY, LOYD PATRICK
8255 NW 58TH ST
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KELLY, ROBERT W
136 W CIRCLE DR
CLEWISTON, FL**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALDEN M WYSE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05 863-983-8177
Date Daytime Phone #