2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# 720255

Entity Name: KELLY FOUNDATION, INC.

Current Principal Place of Business:

11095 LAKESIDE DR.
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

11095 LAKESIDE DR.
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 59-6153269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLY, LOYD G
11095 LAKESIDE DR.
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	ASTD	( ) Delete
Name:	WYSE, ALDEN M	
Address:	229 E. ESPERANZA	
City-St-Zip:	CLEWISTON, FL	
Title:	CD	( ) Delete
Name:	KELLY, LOYD G	
Address:	11095 S W 53 AVE	
City-St-Zip:	MIAMI, FL	
Title:	VCD	( ) Delete
Name:	KELLY, NICHOLAS D	
Address:	640 ARVIDA PARKWAY	
City-St-Zip:	CORAL GABLES, FL	
Title:	ASTD	( ) Delete
Name:	KELLY, L. PATRICK	
Address:	2200 NORTH GREENWAY DR.	
City-St-Zip:	CORAL GABLES, FL	
Title:	ST	( ) Delete
Name:	ISOM, JANIS	
Address:	17225 SW 77 COURT	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	KELLY, LUISA	
Address:	2200 N GREENWAY DRIVE	
City-St-Zip:	CORAL GABLES, FL 33156	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ASTD	(X) Change ( ) Addition
Name:	KELLY, NICHOLAS D	
Address:	640 ARVIDA PARKWAY	
City-St-Zip:	CORAL GABLES, FL	
Title:	VCD	(X) Change ( ) Addition
Name:	KELLY, L. PATRICK	
Address:	2200 NORTH GREENWAY DR.	
City-St-Zip:	CORAL GABLES, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANIS ISOM ST 07/01/2009

Electronic Signature of Signing Officer or Director — Date