

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720255

FILED  
Mar 08, 2012  
Secretary of State

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 ( )

**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: CD  
Name: KELLY, L. PATRICK  
Address: 2200 N. GREENWAY DR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VCD  
Name: KELLY, NICHOLAS D  
Address: 640 ARVIDA PARKWAY  
City-St-Zip: CORAL GABLES, FL 33156

Title: ASTS  
Name: KELLY, LOYD G  
Address: 11095 LAKESIDE DR  
City-St-Zip: CORAL GABLES, FL 33156

Title: ST  
Name: ISOM, JANIS  
Address: 17225 SW 77 COURT  
City-St-Zip: MIAMI, FL 33157

Title: D  
Name: KELLY, LUISA  
Address: 2200 N GREENWAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: KELLY, ROBERT W JR  
Address: 19000 SW 270 STREET  
City-St-Zip: REDLAND, FL 33031

I hereby 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 all other like empowered.

SIGNATURE: JANIS ISOM

ST

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date