2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000004844

1. Entity Name

THE KELLEY FAMILY FOUNDATION, INC.

		,						
Principal Place	e of Business	Mailing Address	Mailing Address					
1600 JEAN LAFITTE ROAD BOCA GRANDE FL 33921		C/O GREG A. BETTERTON. ATTORNEY AT LAW 981 RIDGEWOOD AVE STE 101 VENICE FL 34292			I KREKINI EN REN KONI GONI GONI GONI BONI BONI BONI BONI BONI BONI BONI B			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 30-0025235 Applied For Not Applicable			
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	red Agent		7. Name and Address of New Registered Agent			
See and the second of the seco				Name	•	مساوره سايت دا الا الا الو		
BETTERTON, GREG A ESQ 981 RIDGEWOOD AVE STE 101				Street Address (P.O. Box Number is Not Acceptable)				
VENICE F	FL 34292		\ -		<u> </u>		Zip Code	
				City		FL	• ⁻ '' · · ·	ì
SIGNATURE .	Signature, typed or printed name of registered agen	9. Election (9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Chec		
	OFFICERS AND D	INCOTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	10
10.	OFFICERS AND D				ADDITIONS/CHANGE	3 TO OIT ICERS AND DE	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, BRAD M 1600 JEAN LAFITTE ROAD BOCA GRANDE FL 33921	☐ Delete		T ADDRESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, SUSAN B 1600 JEAN LAFITTE ROAD BOCA GRANDE FL 33921	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTERTON, GREG A 981 RIDGE WOOD AVE #101 VENICE FL 34292	☐ Delete		I		<u> </u>	→ Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEMPLE OF OTLOE	☐ Delete	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	I	•		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

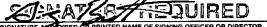
TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME



☐ Delete

2/2/03

941-488-4422

☐ Change

☐ Addition

FILED

Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90232 009 ****61.25