

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAR 16 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N93000003265 (6)  
1. Corporation Name  
**KEY CENTER FOUNDATION, INC.**

Principal Place of Business Mailing Address  
 % CHESTER V. COLE 1315 NORTH VANNORWICK ROAD LECANTO FL 34661-9710  
 % CHESTER V. COLE 1315 NORTH VANNORWICK ROAD LECANTO FL 34661-9710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1993 3a. Date of Last Report 02/21/1994  
 4. FBI Number 59-3200079 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
 COLE, CHESTER V  
 1315 NORTH VANNORWICK ROAD  
 LECANTO FL 34661-9710

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 3/7/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTSON, CHARLES D
STREET ADDRESS	6048 W. WOODSIDE CIRCLE
CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	VP
NAME	WHITTON JR., B. M
STREET ADDRESS	4930 N. MAPLE TERRACE
CITY-ST-ZIP	HERNANDO FL 34442
TITLE	ST
NAME	COLE, CHESTER V
STREET ADDRESS	1315 N. VANNORTWICK ROAD
CITY-ST-ZIP	LECANTO FL 34481
TITLE	T
NAME	HUPP, IRENE R
STREET ADDRESS	N. HWY 19 P.O. BOX 170 N/A
CITY-ST-ZIP	LECANTO FL 34480
TITLE	T
NAME	JOYNER, SAMUEL
STREET ADDRESS	E. HWY 44 P.O. BOX 98 N/A
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-0098
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: *[Signature]* DATE 3/8/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR