

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified
07/16/1993

3a. Date of Last Report
03/16/1995

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

4. FEI Number

59-3200079

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLE, CHESTER V
1315 NORTH VANNORWICK ROAD
LECANTO FL 34661-9710**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, CHARLES D	
STREET ADDRESS	6046 W. WOODSIDE CIRCLE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WHITTON JR., B. M	
STREET ADDRESS	4930 N. MAPLE TERRACE	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COLE, CHESTER V	
STREET ADDRESS	1315 N. VANNORTWICK ROAD	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUPP, IRENE R	
STREET ADDRESS	N. HWY 19 P.O. BOX 170 N/A	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOYNER, SAMUEL	
STREET ADDRESS	E. HWY 44 P.O. BOX 98 N/A	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
6.2 NAME	VP/D
6.3 STREET ADDRESS	Dan W. Armstrong
6.4 CITY-ST-ZIP	58 N. Robinhood Rd. Inverness, FL 34450

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 119.07(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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/96
Date

352/795-5541
Daytime Phone #

CR2E037 (12/95)