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Feb 18, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003265

02-18-1999 90092 023 *****70.00

Corporation Name
KEY CENTER FOUNDATION, INC.

Principal Place of Business
CHESTER V. COLE
315 NORTH VANNORWICK ROAD
LECANTO FL 34661-9710

Mailing Address
16 NE 5TH ST
CRYSTAL RIVER FL 34429-4164
US



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	26	07/16/1993
City & State	27	4. FEI Number
Zip	28	59-3200079
Country	29	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS	DATE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD WHITTON JR., B. M 4930 N. MAPLE TERRACE HERNANDO FL		1.2 NAME	
ST COLE, CHESTER V 1315 N. VANNORTWICK ROAD LECANTO FL 34461		1.3 STREET ADDRESS	
D HUPP, IRENE R N. HWY 19 P.O. BOX 170 N/A LECANTO FL		1.4 CITY-ST-ZIP	
D JOYNER, SAMUEL E. HWY 44 P.O. BOX 98 N/A CRYSTAL RIVER FL		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD ARMSTRONG, DAN W 58 N ROBINHOOD RD INVERNESS FL		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 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 type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

NATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Chester V. Cole

1-27-99

352/795-7772

CR2E037 (11/98)