

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 31, 2006  
Secretary of State**

DOCUMENT# N93000003265

Entity Name: KEY CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

% CHESTER V. COLE  
1315 NORTH VANNORWICK ROAD  
LECANTO, FL 346619710 US

**Current Mailing Address:**

**New Mailing Address:**

130 HEIGHTS AVE  
INVERNESS, FL 344524571 US

FEI Number: 59-3200079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COLE, CHESTER V  
1315 NORTH VANNORWICK ROAD  
LECANTO, FL 346619710 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WHITTON JR., B. M  
Address: 4930 N. MAPLE TERRACE  
City-St-Zip: HERNANDO, FL 344423435 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST ( ) Delete  
Name: COLE, CHESTER V  
Address: 1315 N. VANNORTWICK ROAD  
City-St-Zip: LECANTO, FL 34461 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: WEBB, MIKE  
Address: 2641 N TRUCKS AVE  
City-St-Zip: HERNANDO, FL 34442 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: JOYNER, SAMUEL  
Address: E. HWY 44 P.O. BOX 98  
City-St-Zip: CRYSTAL RIVER, FL 344230098 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: THURMAN, KAREN  
Address: 9067 SW BLUE RUN DRIVE  
City-St-Zip: DUNNELLON, FL 34432 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: DODGE, EDWARD DR.  
Address: 8581 E SWEETWATER DR  
City-St-Zip: INVERNESS, FL 344507300 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: B.M. WHITTON, JR.

PRES

01/31/2006

Electronic Signature of Signing Officer or Director

Date