2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003265

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DUNNELLON, FL 34432 US

8581 E SWEETWATER DR

INVERNESS, FL 344507300 US

DODGE, EDWARD DR.

() Delete

Entity Name: KEY CENTER FOUNDATION, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: % CHESTER V. COLE 1315 NORTH VANNORWICK ROAD LECANTO, FL 346619710 US **New Mailing Address: Current 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: () Delete () Change () Addition WHITTON JR., B. M Name: Name: 4930 N. MAPLE TERRACE Address: Address: City-St-Zip: HERNANDO, FL 344423435 US City-St-Zip: Title: () Delete Title: (X) Change () Addition COLE, CHESTER V Name: COLE, CHESTER V Name: Address: 1315 N. VANNORTWICK ROAD Address: 1315 N. VANNORTWICK ROAD City-St-Zip: LECANTO, FL 34461 US City-St-Zip: LECANTO, FL 34461 US Title: Title: () Change () Addition () Delete WEBB, MIKE Name: Name: 2641 N TRUCKS AVE Address: Address: City-St-Zip: HERNANDO, FL 34442 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: JOYNER, SAMUEL Name: Address: E. HWY 44 P.O. BOX 98 Address: City-St-Zip: CRYSTAL RIVER, FL 344230098 US City-St-Zip: Title: () Delete Title: S/T (X) Change () Addition THURMAN, KAREN COURTNEY, MARY G Name: Name: 9067 SW BLUE RUN DRIVE 2400 FOREST DR., UNIT 219 Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

INVERNESS, FL 34453

DODGE, EDWARD DR.

8581 E SWEETWATER DR

INVERNESS, FL 344507300 US

(X) Change () Addition

SIGNATURE: CHESTER V. COLE VP 04/24/2009