

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720255

**Entity Name:** KELLY FOUNDATION, INC.**Current Principal Place of Business:**2200 N. GREENWAY DR  
CORAL GABLES, FL 33134**Current Mailing Address:**2200 GREENWAY DR.  
CORAL GABLES, FL 33134 US**FEI Number:** 59-6153269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, LOYD P  
2200 N. GREENWAY DR  
CORAL GABLES, FL 33134 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:** LOYD P. KELLY

04/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | CD                    |
| Name            | KELLY, L. PATRICK     |
| Address         | 2200 N. GREENWAY DR   |
| City-State-Zip: | CORAL GABLES FL 33134 |

|                 |                   |
|-----------------|-------------------|
| Title           | ST                |
| Name            | ISOM, JANIS       |
| Address         | 17225 SW 77 COURT |
| City-State-Zip: | MIAMI FL 33157    |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | KELLY, ROBERT WJR   |
| Address         | 19000 SW 270 STREET |
| City-State-Zip: | REDLAND FL 33031    |

|                 |                       |
|-----------------|-----------------------|
| Title           | VCD                   |
| Name            | KELLY, NICHOLAS D     |
| Address         | 640 ARVIDA PARKWAY    |
| City-State-Zip: | CORAL GABLES FL 33156 |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | KELLY, LUISA          |
| Address         | 2200 N GREENWAY DRIVE |
| City-State-Zip: | CORAL GABLES FL 33134 |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| Name            | VARTANIAN, CHRISTABEL K |
| Address         | 22 FOWLER ROAD          |
| City-State-Zip: | FAR HILLS, NJ 07931     |

*I hereby 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 all other like empowered.*

**SIGNATURE:** JANIS ISOM**SECRETARY/TREASURER** 04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date