

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003265

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC7359468650**

**Entity Name:** KEY CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

5399 W GULF TO LAKE HWY  
LECANTO, FL 34461

**Current Mailing Address:**

5399 W GULF TO LAKE HWY  
LECANTO, FL 34461 US

**FEI Number: 59-3200079**

**Certificate of Status Desired: Yes**

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

COLE, CHESTER V  
5399 W GULF TO LAKE HWY  
LECANTO, FL 34661 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

**Officer/Director Detail :**

Title P  
Name DETMER, E. DAVID MR.  
Address 85 S. MAYLEN AVENUE  
City-State-Zip: LECANTO FL 34461

Title S/T  
Name COLE, CHESTER VMR.  
Address 5363 W. SAFARI LANE  
City-State-Zip: LECANTO FL 34461

Title VP  
Name JOYNER, SAMUEL  
Address E. HWY 44 P.O. BOX 98  
City-State-Zip: CRYSTAL RIVER FL 34423-0098

Title D  
Name COURTNEY, MARY G  
Address 2400 FOREST DR., UNIT 219  
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR  
Name VICK, DENNIS  
Address 5570 E TENISON STREET  
City-State-Zip: INVERNESS FL 34452

*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: E. DAVID DETMER**

**PRESIDENT**

**02/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date