

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

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90377 005 ****61.25

DOCUMENT # 720255

1. Entity Name
KELLY FOUNDATION, INC.



Principal Place of Business
**11095 LAKESIDE DR.
CORAL GABLES, FL 33156**

Mailing Address
**11095 LAKESIDE DR.
CORAL GABLES, FL 33156**

DO NOT WRITE IN THIS SPACE



04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-6153269

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLY, LOYD G
11095 LAKESIDE DR.
CORAL GABLES, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ASTD
NAME	WYSE, ALDEN M
STREET ADDRESS	229 E. ESPERANZA
CITY-ST-ZIP	CLEWISTON, FL
TITLE	CD
NAME	KELLY, LOYD G
STREET ADDRESS	11095 S W 53 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VCD
NAME	KELLY, NICHOLAS D
STREET ADDRESS	640 ARVIDA PARKWAY
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ASTD
NAME	KELLY, L. PATRICK
STREET ADDRESS	2200 NORTH GREENWAY DR.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ST
NAME	ISOM, JANIS
STREET ADDRESS	17225 SW 77 COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	KELLY, ROBERT W
STREET ADDRESS	136 W CIRCLE DR
CITY-ST-ZIP	CLEWISTON, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANIS ISOM

4/11/06

305 231 2792

Date

Daytime Phone #