


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 720255 1. Entity Name KELLY FOUNDATION, INC.	
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Principal Place of Business 11095 LAKESIDE DR. CORAL GABLES, FL 33156	Mailing Address 11095 LAKESIDE DR. CORAL GABLES, FL 33156
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6153269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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U000000688475
04/19/07-80004-006 61.25

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: Janis Isom JANIS ISOM 4/4/07 3052382792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #