

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720255

FILED  
Feb 22, 2010  
Secretary of State

**Entity Name:** KELLY FOUNDATION, INC.

**Current Principal Place of Business:**

11095 LAKESIDE DR.  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

11095 LAKESIDE DR.  
CORAL GABLES, FL 33156

**New Mailing Address:**

**FEI Number:** 59-6153269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

Title: ASTD  
Name: WYSE, ALDEN M  
Address: 229 E. ESPERANZA  
City-St-Zip: CLEWISTON, FL

Title: CD  
Name: KELLY, LOYD G  
Address: 11095 S W 53 AVE  
City-St-Zip: MIAMI, FL

Title: ASTD  
Name: KELLY, NICHOLAS D  
Address: 640 ARVIDA PARKWAY  
City-St-Zip: CORAL GABLES, FL

Title: VCD  
Name: KELLY, L. PATRICK  
Address: 2200 NORTH GREENWAY DR.  
City-St-Zip: CORAL GABLES, FL

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

Title: D  
Name: KELLY, LUISA  
Address: 2200 N GREENWAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33156

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

ST

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date