2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mär 03, 2004 08:00 AM DOCUMENT # N02000004415 Secretary of State 1. Entity Name THE FRED KELLER FOUNDATION, INC. Principal Place of Business Mailing Address 6758 NORTH MILITARY TRAIL 6758 NORTH MILITARY TRAIL SUITE 301 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State Applied For 4. FEI Number 74-3056772 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLER, FRED Street Address (P.O. Box Number is Not Acceptable) 6758 NORTH MILITARY TRAIL SUITE 301 WEST PALM BEACH FL 33407 City Zip Code 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, typod or printed name of registered agent and litle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS 10. 11. PSTD TITLE ☐ Change ☐ Addition TITLE Delete KELLER, FRED NAME NAME U00000074757 03/03/04-80033-001 61.25 6758 NORTH MILITARY TR SUITE 301 STREET ADORESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY S. 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KORTE, KEMBER NAME # NAME 6758 NORTH MILITARY TR SUITE 301 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Deleie TITLE KELLER, ERIC NAME NAME 6758 NORTH MILITARY TR SUITE 301 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

KEMBUR KORPE, DIR

2/20/04 561-845-9911