

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002695

1. Entity Name

KELLY S. BYRON FOUNDATION, INC.



Principal Place of Business

**2009 NE 22ND ST
WILTON MANORS, FL 33305**

Mailing Address

**2009 NE 22ND ST
WILTON MANORS, FL 33305**



02052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4466362

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRYON, KELLY S
2009 NE 22ND ST
WILTON MANORS, FL 33305**

**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, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**000000821311
02/19/08-90019-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BYRON, KELLY S
STREET ADDRESS	2009 NE 22ND ST
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	D
NAME	LANDON, SUSAN B
STREET ADDRESS	5497 LEITNER DR E
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	BYRON, JEFF
STREET ADDRESS	4777 NW 90TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

2/5/08 9546480918

Date

Daytime Phone #