# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2011**
**Secretary of State**

DOCUMENT# N09000005341

**Entity Name:** BARBARA KELLY NURSING SCHOLARSHIP PROGRAM, INC.

**Current Principal Place of Business:**

8761 EAST BAY CIRCLE
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7703
FT MYERS, FL 33911

**New Mailing Address:**

**FEI Number: 27-0364721** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KELLY, THOMAS J
8761 EAST BAY CIRCLE
FT MYERS, FL 33908 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: P
Name: KELLY, THOMAS J
Address: 8761 EAST BAY CIRCLE
City-St-Zip: FT MYERS, FL 33908

Title: VP/T
Name: KELLY, FREDERICK S
Address: 309 LINDEMANS DR
City-St-Zip: CARY, NC 27519

Title: VP/S
Name: KELLY, MICHAEL A
Address: 222 CHRISTIANA CT, NW
City-St-Zip: CONCORD, NC 28027

Title: VP/F
Name: KELLY, GENNINE L
Address: 236 RUSSELL AVENUE
City-St-Zip: EDGEWATER, NJ 07020

Title: VP/F
Name: GROSSMAN, MARK W
Address: 207-17 DARREN DRIVE
City-St-Zip: BAYSIDE, NY 11360

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: FREDERICK S KELLY VP/T 04/25/2011

Electronic Signature of Signing Officer or Director Date