

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

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N24846 1. Entity Name KELCO FOUNDATION, INC.																																																																																						
Principal Place of Business C/O SUSAN SHAHEEN 4595 BAYVIEW DR. FORT LAUDERDALE FL 33308			Mailing Address C/O SUSAN SHAHEEN 4595 BAYVIEW DR. FORT LAUDERDALE FL 33308																																																																																			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																				
City & State		City & State		4. FEI Number 65-0019085 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent SHAHEEN, SUSAN 4595 BAYVIEW DRIVE FORT LAUDERDALE FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																						
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																		
Make Check Payable to Florida Department of State																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KELLY, VINCENT T.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>4595 BAYVIEW DR. FT. LAUDERDALE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SHAHEEN, SUSAN</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>2541 N.W. 107TH AVENUE CORAL SPRINGS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MOLCHAN, JANET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>4604 NE 23RD AVENUE FT. LAUDERDALE FL 33308</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	KELLY, VINCENT T.		CITY - ST - ZIP	4595 BAYVIEW DR. FT. LAUDERDALE FL		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	SHAHEEN, SUSAN		CITY - ST - ZIP	2541 N.W. 107TH AVENUE CORAL SPRINGS FL		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	MOLCHAN, JANET		CITY - ST - ZIP	4604 NE 23RD AVENUE FT. LAUDERDALE FL 33308		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																				
STREET ADDRESS	KELLY, VINCENT T.																																																																																					
CITY - ST - ZIP	4595 BAYVIEW DR. FT. LAUDERDALE FL																																																																																					
TITLE	NAME	<input type="checkbox"/> Delete																																																																																				
STREET ADDRESS	SHAHEEN, SUSAN																																																																																					
CITY - ST - ZIP	2541 N.W. 107TH AVENUE CORAL SPRINGS FL																																																																																					
TITLE	NAME	<input type="checkbox"/> Delete																																																																																				
STREET ADDRESS	MOLCHAN, JANET																																																																																					
CITY - ST - ZIP	4604 NE 23RD AVENUE FT. LAUDERDALE FL 33308																																																																																					
TITLE	NAME	<input type="checkbox"/> Delete																																																																																				
STREET ADDRESS																																																																																						
CITY - ST - ZIP																																																																																						
TITLE	NAME	<input type="checkbox"/> Delete																																																																																				
STREET ADDRESS																																																																																						
CITY - ST - ZIP																																																																																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																				
STREET ADDRESS																																																																																						
CITY - ST - ZIP																																																																																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																				
STREET ADDRESS																																																																																						
CITY - ST - ZIP																																																																																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																				
STREET ADDRESS																																																																																						
CITY - ST - ZIP																																																																																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																				
STREET ADDRESS																																																																																						
CITY - ST - ZIP																																																																																						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Susan Shaheen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/23/04 954-771-8950 <small>Date Daytime Phone #</small>																																																																																		



MOORE CR2E037 (11/03)

U00000016746
01/28/04-80068-009 61.25