

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
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**



02062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0019085

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAHEEN, SUSAN
4595 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000701550
04/20/07-80062-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLY, VINCENT T.
STREET ADDRESS	4595 BAYVIEW DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	SHAHEEN, SUSAN
STREET ADDRESS	2541 N.W. 107TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	TD
NAME	MOLCHAN, JANET
STREET ADDRESS	5100 N OCEAN BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
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

Date

Daytime Phone #

Vincent T. Kelly
VINCENT T. KELLY
President

4-4-07 954-771-8950