

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005303 (1)

1. Corporation Name

CITIZENS COMMITTED TO KEEPING KELLER OPEN CORP.



Principal Place of Business

1758 W TERRACE DR  
LAKE WORTH FL 33463

Mailing Address

1758 W TERRACE DR  
LAKE WORTH FL 33463

3. Date Incorporated or Qualified  
11/08/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

P.O. Box 2096

City & State

City & State West Palm Beach, FL

23

28

Zip

Country

Zip 33405-7096

Country USA

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPALL, THOMAS L  
1758 W TERRACE DR  
LAKE WORTH FL 33463

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

THOMAS L. SPALL

(NOTE: Registered Agent signature required when reinstating)

3/21/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPALL, CYNTHIA C	
STREET ADDRESS	1758 W TERRACE DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPALL, THOMAS L	
STREET ADDRESS	1758 W TERRACE DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ANGEL R	
STREET ADDRESS	1832 17 AVE NE DR	
CITY-ST-ZIP	LAKE WORTH 33 33460	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS-HEDRICK, MARY ANN	
STREET ADDRESS	1832 17 AVE NE DR	
CITY-ST-ZIP	LAKE WORTH 33 33460	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARANTE, ALBERTO	
STREET ADDRESS	1760 W TERRACE DR	
CITY-ST-ZIP	LAKE WORTH 33 33460	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 4075821872

Date

Daytime Phone #

CR2E037 (12/95)