

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90001 041 ****61.25



DOCUMENT # 702090
 1. Entity Name
MCCREA FOUNDATION, INC.

Principal Place of Business Mailing Address
MR. W. SLOAN MCCREA **MR. W. SLOAN MCCREA**
2711 SW 22ND AVE. **2711 SW 22ND AVE.**
MIAMI FL 33133-3101 **MIAMI FL 33133-3101**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4821 Campo Sano Ct **4821 Campo Sano Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coral Gables, FL **Coral Gables, FL**
 Zip Country Zip Country
33146 **USA** **33146** **USA**

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
MCCREA, W SLOAN
2711 SW 22ND AVE.
MIAMI FL 33133.

7. Name and Address of New Registered Agent
 Name **David McCrea**
 Mailing Address (P.O. Box Number is not Acceptable)
4821 Campo Sano Ct
 City **Coral Gables** State **FL** Zip **33146**

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 *David McCrea* DATE **4/20/08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MCCREA, W SLOAN	2711 SW 22ND AVE.	MIAMI FL 33133	<input checked="" type="checkbox"/>
D	MCCREA, DAVID	4821 CAMPO SANO	MIAMI FL 33146	<input type="checkbox"/>
D	MCCREA, JANET G.	4821 CAMPO SANO	MIAMI FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	CHANGE	ADDITION
PD	David McCrea	4821 Campo Sano Ct	Coral Gables, FL 33146	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Janet McCrea	4821 Campo Sano Ct	Coral Gables, FL 33146	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Ashley McCrea Stueb	1408 Brickell Bay Dr #206	Miami, FL 33131	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jessica McCrea	24504 Airport Rd #D-237	Longmont, CO 80503	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David McCrea* DATE: **4/20/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE