

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702090

FILED
Apr 28, 2009
Secretary of State

Entity Name: MCCREA FOUNDATION, INC.

Current Principal Place of Business:

4821 CAMPO SANO CT
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4821 CAMPO SANO CT
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCREA, W SLOAN
4821 CAMPO SANO CT
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MCCREA, DAVID
4821 CAMPO SANO CT
CORAL GABLES, FL 33146 US

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: DAVID MCCREA

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCREA, DAVID
Address: 4821 CAMPO SANO CT
City-St-Zip: CORAL GABLES, FL 33146

Title: SD () Delete
Name: MCCREA, JANET
Address: 4821 CAMPO SANO
City-St-Zip: MIAMI, FL 33146

Title: D (X) Delete
Name: MCCREA, JANET G.
Address: 4821 CAMPO SANO
City-St-Zip: MIAMI, FL 33146

Title: D () Delete
Name: MCCREA, ASHLEY
Address: 1408 BRICKNELL BAY DR #206
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MCCREA, JESSICA
Address: 2450 AIRPORT RD #D-237
City-St-Zip: LONGMONT, CO 80503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MCCREA, JANET
Address: 4821 CAMPO SANO CT.
City-St-Zip: MIAMI, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCREA, ASHLEY
Address: 4821 CAMPO SANO CT.
City-St-Zip: MIAMI, FL 33146

Title: D (X) Change () Addition
Name: MCCREA, JESSICA
Address: 4821 CAMPO SANO CT.
City-St-Zip: MIAMI, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID MCCREA

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date