

**N9600005556**

JACQUELYN McPERRY  
Requestor's Name  
1304 SW AVE D  
Address  
BELL GLADE FL 33430  
City/State/Zip Phone #

80111195018E  
-09/18/96--01031--016  
\*\*\*131.25 \*\*\*131.25

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- MOCARY ECONOMIC DEVELOPMENT, INC.  
 1. KIDS CONNECTION, Inc.  
 (Corporation Name) (Document #)  
 2. \_\_\_\_\_  
 (Corporation Name) (Document #)  
 3. \_\_\_\_\_  
 (Corporation Name) (Document #)  
 4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of State

**FILED**  
96 OCT 30 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*9600005556*  
*PH 10/30/96*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 19, 1996

JACQUELYN MCCRARY  
1324 SW AVE D  
BELLE GLADE, FL 33430

SUBJECT: ~~KID'S CONNECTION, INC.~~  
Ref. Number: W96000019750

*McCRARY ECONOMIC DEVELOPMENT, INC.*

We have received your document for ~~KID'S CONNECTION, INC.~~ and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 996A00043328

# Change of Name

10/25/96

TO: Secretary of State  
FROM: Jacquelyn McCrary

Due to too many other organizations with the name Kids Connection, which was my first choice. I was forwarded my information back to change name. My new name is McCrary Economic Development, Inc. (MED Inc.) 1324 S.W. Ave. D.

Belle Glade, Fla. 33430

Also, a check was cleared already so the \$131.25 should be credited. # 0388 under name OSCAR L. McCrary, Jr.

DR JACQUELYN McCRARY

any questions call: 1-561-990-4362

ARTICLES OF INCORPORATION  
OF  
McCrary Economic Development, Inc.

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ONE: The name and address of the principal corporation is McCrary Economic Development, Inc. 1324 S. W. Ave D, Belle Glade, FL 33430. SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The corporation is organized pursuant to the FLORIDA Nonprofit Corporation Code.

TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self-sufficiency. The program will consist of, but shall not be limited to: Job training, Job Placement, Land Acquisition, Housing, Employment, Literacy, Counseling, Temporary Shelter Teenage Pregnancy, Substance Abuse Awareness and Prevention, Tutoring, AIDS, Elderly Care and other programs to aid those in need.

THREE: The duration of this corporation shall be perpetual, no stock, and shall have no members.

FOUR: The address of the Registered office is 1324 S. W. Ave. D, Belle Glade, FL 33430, and the name of the registered agent of the corporation shall be:



Jacquelyn McCrary  
1324 S. W. Ave D  
Belle Glade, FL 33430

FIVE:  
(a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

(b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

SIX: The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
Jacquelyn McCrary President	1324 S.W. Ave. D Belle Glade, FL 33430
Patrina McCrary Secretary	1324 S.W. Ave. D Belle Glade, FL 33430
Coresia McCrary Treasurer	1324 S.W. Ave D Belle Glade, FL 33430

SEVEN: The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

EIGHT: On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for, Religious, Educational and Charitable under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government or to a state or local government for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

NINE: Executed on October 22, 1996. The name and address of the incorporator of this corporation shall be:

*Jacquelyn McCrary*  
Jacquelyn McCrary  
1324 S. W. Ave D  
Belle Glade, FL 33430

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE? REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

MCCRARY ECONOMIC DEVELOPMENT, INC.

\_\_\_\_\_  
(must include suffix)

2. The name and address of the registered agent and office is:

Jacquelyn McCrary

\_\_\_\_\_  
(Name)

1324 S. W. Ave D

\_\_\_\_\_  
(P.O. Box or Mail Drop Box NOT Acceptable)

Belle Glade, FL 33430

\_\_\_\_\_  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jacquelyn McCrary  
(Signature)

10/25/96  
(Date)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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