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Sep 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N96000005556**
1. Corporation Name **McCrary Economic Development Inc.**

Principal Place of Business Mailing Address
McCrary Economic Development, Inc.
1324 S.W. Ave D
Belle Glade, Fla. 33430

3. Date Incorporated or Qualified **OCT. 30, 1996**
4. FEI Number **65-0709706** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1324 S.W. Ave D.** 26 **1324 S.W. Ave D.**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **Belle Glade, Fla.** 27
City & State City & State
23 **33430** 28 **Belle Glade, Fla.**
Zip Country Zip Country
24 **U.S. of Amer.** 29 **33430** 30 **U.S. of Amer.**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Jacquelyn McCrary
1324 S.W. Ave. D.
Belle Glade, Fla. 33430

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0501 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President Director <input type="checkbox"/> DELETE
NAME	Jacquelyn McCrary
STREET ADDRESS	1324 S.W. Ave. D.
CITY-ST-ZIP	Belle Glade, Fla. 33430
TITLE	Secretary Director <input type="checkbox"/> DELETE
NAME	Patrina McCrary
STREET ADDRESS	1324 S.W. Ave. D.
CITY-ST-ZIP	Belle Glade, Fla. 33430
TITLE	Treasurer Director <input type="checkbox"/> DELETE
NAME	Cyresia McCrary
STREET ADDRESS	1324 S.W. Ave. D.
CITY-ST-ZIP	Belle Glade, Fla. 33430
TITLE	Board Member Director <input type="checkbox"/> DELETE
NAME	James R. West Jr.
STREET ADDRESS	125 N.W. Ave. G.
CITY-ST-ZIP	Belle Glade, Fla. 33430
TITLE	Board Member Director <input type="checkbox"/> DELETE
NAME	Robert & Mattie Walker
STREET ADDRESS	816 S.E. 2nd St
CITY-ST-ZIP	Belle Glade, Fla. 33430
TITLE	Board Member Director <input type="checkbox"/> DELETE
NAME	Stanley K. Butler
STREET ADDRESS	900 M.L. King Blvd.
CITY-ST-ZIP	Belle Glade, Fla. 33430

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Jacquelyn McCrary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/98
Date Day/1998

CR2E037 (10/97)