

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702090

**Entity Name:** MCCREA FOUNDATION, INC.

**Current Principal Place of Business:**

C/O DAVID MCCREA  
2115 ABERDEEN LANE 202  
NAPLES, FL 34109

**Current Mailing Address:**

C/O DAVID MCCREA  
2115 ABERDEEN LANE 202  
NAPLES, FL 34109 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCREA, DAVID  
2115 ABERDEEN LANE  
202  
NAPLES, FL 34109 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MCCREA, DAVID  
Address 2115 ABERDEEN LANE  
202  
City-State-Zip: NAPLES FL 34109

Title SD  
Name MCCREA, JANET  
Address 2115 ABERDEEN LANE  
202  
City-State-Zip: NAPLES FL 34109

Title D  
Name STRUB, ASHLEY  
Address 297 BOUNDARY BAY ROAD  
City-State-Zip: POINT ROBERTS WA 98281

Title D  
Name MCCREA, JESSICA  
Address 817 WEST LACROSSE AVE.  
City-State-Zip: COUER D'ALENE ID 83814

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID MCCREA

**PRESIDENT**

**03/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date