

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # 702090

1. Entity Name
MCCREA FOUNDATION, INC.



Principal Place of Business

**MR. W. SLOAN MCCREA
2711 SW 22ND AVE.
MIAMI, FL 33133-3101**

Mailing Address

**MR. W. SLOAN MCCREA
2711 SW 22ND AVE.
MIAMI, FL 33133-3101**



01302005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCREA, W SLOAN
2711 SW 22ND AVE.
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCREA, W SLOAN
STREET ADDRESS 2711 SW 22ND AVE.
CITY - ST - ZIP MIAMI, FL

TITLE D
NAME MCCREA, DAVID
STREET ADDRESS 4821 CAMPO SANO
CITY - ST - ZIP MIAMI, FL 33146

TITLE D
NAME MCCREA, JANET G.
STREET ADDRESS 4821 CAMPO SANO
CITY - ST - ZIP MIAMI, FL 33146

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1110000224034
02/10/05-80070-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Sloan McCrea

Date

2/8/05 (305) 856-5048

Daytime Phone #