

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

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1997 NOV 24 10 4 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N91000005556
1. Corporation Name
McCrory Economic Development, Inc.

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

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 City & State 27 City & State
23 Belle Glade, Fla. 28 Belle Glade, Fla.
24 33430 25 U.S. of America 29 33430 30 United States of America

3. Date Incorporated or Qualified 3a. Date of Last Report
October 30, 1996
4. FCI Number 165-0109706 ☒ Applied For
1 S.S. 864-53-5006 ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
McCrory Economic Development, Inc.
1324 S.W. Ave. D.
Belle Glade, Fla.
33430

10. Name and Address of New Registered Agent
81 Name Jacquelyn McCrory
82 Street Address (P.O. Box Number is Not Acceptable) 1324 S.W. Ave. D.
83 Belle Glade
84 City FL 85 Zip Code 33430

11. Pursuant to the provisions of Sections 617.0502 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 Jacquelyn McCrory 11/21/97
Signature type printed name of registered agent and line 7 applicable (NOTE: Registered Agent Signature required when re-filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	President - P.D.	<input type="checkbox"/> DELETE
NAME	Jacquelyn McCrory	
STREET ADDRESS	1324 S.W. Ave. D.	
CITY-ST-ZIP	Belle Glade, Fla. 33430	
TITLE	Secretary - S.D.	<input type="checkbox"/> DELETE
NAME	Patricia McCrory	
STREET ADDRESS	1324 S.W. Ave. D.	
CITY-ST-ZIP	Belle Glade, Fla. 33430	
TITLE	Treasurer - T.D.	<input type="checkbox"/> DELETE
NAME	Corey McCrory	
STREET ADDRESS	1324 S.W. Ave. D.	
CITY-ST-ZIP	Belle Glade, Fla. 33430	
TITLE	Board member - B.D.	<input type="checkbox"/> DELETE
NAME	Robert & Nattie Walker	
STREET ADDRESS	816 S.E. 2nd St.	
CITY-ST-ZIP	Belle Glade, Fla. 33430	
TITLE	Board member - B.D.	<input type="checkbox"/> DELETE
NAME	James B. West Jr.	
STREET ADDRESS	125 N.W. Ave. B.	
CITY-ST-ZIP	Belle Glade, Fla. 33430	
TITLE	Board member - B.D.	<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	
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 do 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 McCrory 11/12/97 1-561-992-4862
Signature type printed name of signing officer or director Date Daytime Phone

CR2E037 (9/96)

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MCCRARY ECONOMIC DEVELOPMENT, INC.
1324 S.W. Avenue D
Belle Glade, Florida 33430-3739

October 27, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Your Certificate of Administrative Dissolution or Revocation; case of
McCrary Economic Development, Inc., Docu #. N9600005556

Encl: Check for Annual Fees (\$61.25)

In response to the referenced dissolution, it is requested that a waiver be granted
this organization due to the below listed reasons.

- a. We were incorporated on October 30, 1996. Since the date of incorporation, we
have not commenced operations
- b. We have not received any notice from the Secretary of State requiring us to pay
annual fee. Furthermore, we were unaware of the need to pay annual fees.
- c. In consideration of the above reasons, it is felt that the \$175.00 reinstatement fee should be waived
on our behalf.

The \$61.25 annual fee is included.

I thank you in advance for your assistance in this matter.

Respectfully Submitted

Jacquelyn McCrary
President