

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90003 029 ****61.25

DOCUMENT # **N96000005556**

1. Corporation Name

MCCRARY ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1324 SW AVE D
BELLE GLADE FL 33430

1324 SW AVE D
BELLE GLADE FL 33430



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/30/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0709706	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCRARY, JACQUELYN
1324 SW AVE D
BELLE GLADE FL 33430

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, JACQUELYN	1.2 NAME	
STREET ADDRESS	1324 SW AVE D	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, PATRINA	2.2 NAME	
STREET ADDRESS	1324 SW AVE D	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, CORESIA	3.2 NAME	
STREET ADDRESS	1324 SW AVE D	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	3.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ROBERT	4.2 NAME	
STREET ADDRESS	816 SE 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	4.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MATTIE	5.2 NAME	
STREET ADDRESS	816 SE 2ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	5.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, JAMES R JR	6.2 NAME	
STREET ADDRESS	125 NW AVENUE 8	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	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, with all other like empowered.

SIGNATURE:

Jacquelyn McCrary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99
Date

Deadline Phone #

CR2E037 (5/99)