

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002855

1. Entity Name

THE JERE D. CREED FAMILY FOUNDATION, INC.



Principal Place of Business

1755 SE 7TH STREET
FORT LAUDERDALE, FL 33316 US

Mailing Address

1755 SE 7TH STREET
FORT LAUDERDALE, FL 33316 US



04152006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0758339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREED, JERE D
1755 SE 7TH ST.
FT LAUDERDALE, FL 33316

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CREED, JERE D
STREET ADDRESS 1755 SE 7TH ST.
CITY - ST - ZIP FT LAUDERDALE, FL 33316

TITLE D
NAME CREED, KAREN L
STREET ADDRESS 1755 SE 7TH ST.
CITY - ST - ZIP FT. LAUDERDALE, FL 33316

TITLE D
NAME CREED, JERETT A
STREET ADDRESS 1755 S.E. 7TH STREET
CITY - ST - ZIP FORT LAUDERDALE, FL 33316

TITLE D
NAME CREED, KERI A
STREET ADDRESS 1755 S.E. 7TH STREET
CITY - ST - ZIP FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000521115
05/02/06-80123-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #