## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000002384

1. Corporation Name

THE MCKEE CHARITABLE FOUNDATION, INC.

Principal Place of Business

137 SOUTH RIVER ROAD SEWALL'S POINT FL 34996 Mailing Address

2a. Mailing Address

137 SOUTH RIVER ROAD SEWALL'S POINT FL 34996

## May 10, 1999 8:00 am § Secretary of State

05-10-1999 90060 012 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

2. Principal Pi	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 04/24/1998			
21			150	<u></u>	4. FEI Number		Sad Fan	
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·				1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		lied For	
22	27				57-1068011	<u></u>	Applicable	
City & State	City & State City & State 28 C のに N ミュッシュ			-	5. Certifcate of Status Desired	<b>\$8.75</b> Ad Fee Req		
Zip	Country Zip 25 29 28 0 3 1 30				Election Campaign Financing     Trust Fund Contribution	\$5.00 N Added to		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent		
	1		81	Name				
CAUDIO NEL MICE								
KNIGHT, NEAL W JR				82 Street Address (P.O. Box Number is Not Acceptable)				
321 ROYAL POINCIANA PLAZA								
PALM BEACH FL 33480								
				City	•	FL 85 Zip C		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corp	oration submits this statement for the purpos	e of changing its r	egistered	
. office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	onzed by	the corporatio	on's board of directors. I hereby accept the a	ppointment as reg	stereo	
SIGNATURE		nione Bi	33.52	:	d when reinstating) DAT	<u> </u>		
12.				signature required	ADDITIONS/CHANGES TO OFFICERS	_	RS IN 12	
TITLE	PD	□ DELETE	1.1 TITLE			☐ Change	Addition	
1		<u> </u>	1.2 NAME			_ •	_	
NAME	MCKEE, GEORGE C							
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	SEWALL'S POINT FL 34996		1.4 CITY-ST	-ZIP	<del></del>	[] Change	Addition	
TITLE	STD	☐ DELETE	2.1 TITLE			[_] Change		
NAME	MCKEE, JEAN P	2.2 N						
STREET ADDRESS	137 SOUTH RIVER ROAD			ADDRESS				
CITY-ST-ZIP	SEWALL'S POINT FL 34996		2. 4 CITY-S	f-ZIP			- Addition	
TITLE	VD .	☐ DELETÉ	3.1 TITLE			☐ Change	☐ Addition	
NAME	MCKEE, CHRISTOPHER B		3.2 NAME					
STREET ADDRESS	P.O. BOX 159		3.3 STREET	ADORESS				
CITY-ST-ZIP	CORNELIUS NC 28031		3.4. CITY-S	T-ZIP				
TITLE	VD	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	MCKEE, GEORGE C JR		4. 2 NAME					
STREET ADDRESS	P.O. BOX 159		4.3 STREET	ADDRESS				
CITY-ST-ZIP	CORNELIUS NC 28031	RNÉLIUS NC 28031		-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY- ST	r-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS	'		6.3 STREET	ADDRESS			Į	
CITY-ST-ZIP			6.4 CiTY-S	r-ZIP			Ì	
OIT 1-31-415								

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: