


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002384 1. Entity Name THE MCKEE CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 1995 SHEARWATER DR CORNELIUS, NC 28031	Mailing Address P.O. BOX 159 CORNELIUS, NC 28031
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04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1068011	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480

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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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000147445
05/03/04-80105-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKEE, GEORGE C P.O. BOX 159 CORNELIUS, NC 28031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKEE, JEAN P P.O. BOX 159 CORNELIUS, NC 28031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKEE, CHRISTOPHER B P.O. BOX 159 CORNELIUS, NC 28031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKEE, GEORGE C JR P.O. BOX 159 CORNELIUS, NC 28031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **Christopher McKee**

4/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #