

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000002384

1. Entity Name  
THE MCKEE CHARITABLE FOUNDATION, INC.



Principal Place of Business  
1995 SHEARWATER DR  
CORNELIUS, NC 28031

Mailing Address  
P.O. BOX 159  
CORNELIUS, NC 28031



04272005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1068011

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KNIGHT, NEAL W JR  
321 ROYAL POINCIANA PLAZA  
PALM BEACH, FL 33480

**DO NOT WRITE  
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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MCKEE, GEORGE C  
STREET ADDRESS P.O. BOX 159  
CITY- ST- ZIP CORNELIUS, NC 28031

TITLE STD  
NAME MCKEE, JEAN P  
STREET ADDRESS P.O. BOX 159  
CITY- ST- ZIP CORNELIUS, NC 28031

TITLE VD  
NAME MCKEE, CHRISTOPHER B  
STREET ADDRESS P.O. BOX 159  
CITY- ST- ZIP CORNELIUS, NC 28031

TITLE VD  
NAME MCKEE, GEORGE C JR  
STREET ADDRESS P.O. BOX 159  
CITY- ST- ZIP CORNELIUS, NC 28031

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000355517  
05/03/05-80150-011 61.25

**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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE C MCKEE JR

4/27/05

Daytime Phone #