

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002670

**Entity Name:** THE HARRY T. AND HARRIETTE V. MOORE CULTURAL COMPLEX, INC.

**Current Principal Place of Business:**

2180 FREEDOM AVENUE  
MIMS, FL 32754

**Current Mailing Address:**

P.O. BOX 817  
MIMS, FL 32754

**FEI Number: 59-3756228**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GARY, WILLIAM E  
3705 BELLE ARBOR CIRCLE  
TITUSVILLE, FL 32780 US

*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.*

SIGNATURE: WILLIAM E GARY

02/12/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GARY, WILLIAM E  
Address 3705 BELLE ARBOR CIRCLE  
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR  
Name SMITH, CHARLIE  
Address 2452 HARRY T. MOORE AVE.  
City-State-Zip: MIMS FL 32754

Title S  
Name BARTLEY, GLORIA W  
Address 1320 HOBBS AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR  
Name EDWARDS, ARTHUR  
Address 5325 AMY WAY  
City-State-Zip: MIMS FL 32754

Title D  
Name FLETCHER, JAMES  
Address 530 CRISAFULLI RD.  
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR  
Name ABRAHAM, DELORES M  
Address 1682 S. PARK AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR  
Name ARON, JOYCE  
Address 1767 AYSHIRE DRIVE  
City-State-Zip: TITUSVILLE FL 32796

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: WILLIAM E. GARY

PRESIDENT

02/12/2020

Electronic Signature of Signing Officer/Director Detail

Date