

**2014 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:**

\_\_\_\_\_  
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 D  
Name MANNING, PATRICIA DR.  
Address 2975 LACITA LANE  
City-State-Zip: TITUSVILLE FL 32780

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

Title D  
Name KING, MAXWELL DR.  
Address 1384 WALTON HEATH COURT  
City-State-Zip: ROCKLEDGE FL 32955

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

*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**

**04/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date