

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733293 (5)
1. Corporation Name
RICHARD V. MOORE COMMUNITY CENTER, INC.



Principal Place of Business Mailing Address
P.O. BOX 689 DAYTONA BEACH FL 32115-6890 **P.O. BOX 689 DAYTONA BEACH FL 32115-6890**

3. Date Incorporated or Qualified **07/14/1975** 3a. Date of Last Report **03/15/1995**
4. FEI Number **59-1711816** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERRY, CHARLES W
427 SO. DR. MARTIN LUTHER KING BLVD.
DAYTONE BEACH FL 32114

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHERRY, CHARLES W	
STREET ADDRESS	427 S. DR. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDEN-SCARLETT, YVONNE	
STREET ADDRESS	1690 DUNN AVENUE APT. 506	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREDRICKS ROMANGER J	
STREET ADDRESS	556 HEINEMAN ST	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOCKLEAR SENORITA	
STREET ADDRESS	1421 SUNSET BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS CASSANDRA	
STREET ADDRESS	421 MARGIE LANE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEARD PATRICIA	
STREET ADDRESS	1401 THIRD ST	
CITY-ST-ZIP	HOLLY HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Fields, Dawn
33 STREET ADDRESS	633 Heineman Avenue
34 CITY-ST-ZIP	Daytona Beach, FL 32114
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (12/95)