

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 733293** 

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

## **FILED** Mar 16, 1999 8:00 am \$ Secretary of State

03-16-1999 90094 006 \*\*\*\*61.25

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Dayton	Beuch, FL 32114										
	lace of Business	2a. Mailing	Address			3. Date Incorporated or Qualife	j				
21		26				07/14/1975					
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			4. FEI Number			Applied For		
22		27		_		59-1711816			Not Applicable		
¬ * "' * * * * * · · · · · · · · · · · · · ·			City & State			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
<b>23</b>	Country	Zip		Country		6. Election Campaign Financing	_	\$5.0	0 May Be		
24	25	29	30	ַ ז		Trust Fund Contribution			d to Fees		
24	9. Name and Address of Curren			<u>,                                     </u>		10. Name and Address of New	Registered /	Agent			
	10000			81	Name						
				با			4.4.1.1				
	ON, JOAN C			82	Street Address (P.O. Box Number is Not Acceptable)						
	ARY MCLEOD BETHUNE BLVD			83							
DAYTONA	BEACH FL 32114			"	ļ .	<u> </u>					
				84	City		FL	85 Zi	p Code		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508.	Florida Statutes,	the abov	e-named	corporation submits this statement for th	e purpose of	changing	its registered		
affina ar r	registered agent, or both, in the State of medical med	of Florida, Such	change was auth	IOOZAO DV	the como	oration's board of directors. I hereby acc	ept the appoir	itment as	registered		
SIGNATURE							DATE		<del></del>		
40	Signature, typed or printed name of registered agen		(NOTE: Re	gistered Age 13.	nt signature r	required when reinstating)  ADDITIONS/CHANGES TO O		D DIREC	TORS IN 12		
12.	OFFICERS AN		☐ DELETÉ	1.1 TITLE		1		[] Chang			
TITLE	CD		□ DECE IC	1.2 NAME					_		
NAME	AME THOMPSON, JOAN C										
STREET ADDRESS 554 DR MARY MCLEOD BETHUNE BLVD					ADDRESS	,					
CrTY-ST-ZiP	DAYTONA BEACH FL			1.4 CiTY-5	T-Z!P			[] Chang	je 🔲 Addition		
TITLE	D		DELETE	2.1 TITLE				Citaria	le 🔲 Madagon		
NAME	GOLDEN-SCARLETT, YVONNE			2.2 NAME							
STREET ADDRESS	1690 DUNN AVENUE APT. 506	ì		2.3 STREE	TADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL			2. 4 CITY-	ST-ZIP						
TITLE	DT		☐ DELETE	3.1 TITLE				Chang	ge		
NAME.	WASHINGTON, CATHY D.			3.2 NAME				•			
STREET ADDRESS				3.3 STREE	T ADDRESS		<del></del>				
CITY-ST-ZIP	DAYTONA BEACH FL 32114			3.4. CITY-	ST-ZIP	Į.					
TITLE	D		DELETE	4.1 TITLE				Chang	ge Addition		
NAME	LOCKLEAR SENORITA			4. 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL			4.4 CITY-5							
TITLE	D		DELETE	5.1 TITLE	<u>-</u>			Chang	ge Addition		
NAME	REYNOLDS CASSANDRA			5.2 NAME							
				5.3 STREE	T ADDRESS	·					
STREET ADDRESS	121 700 111010 1110			5.4 CITY-S		}					
CITY-ST-ZIP	DAYTONA BEACH FL		☐ DELETE	6.1 TITLE				☐ Chang	e Addition		
TITLE	0		- Deteile	6.2 NAME		1					
NAME ·	HEARD PATRICIA				TADDOECO						
STREET ADDRESS	1 1101 1111110 01				TADDRESS						
	HALLY DIEL EL			64 CITY-5	ii-ZIP	1					

14. 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 annual report or suppliemental 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, with all other like empowered.

SIGNATURE: