2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Sep 18, 2000 8:00 am Secretary of State **DOCUMENT # 733293** 1. Entity Name RICHARD V. MOORE COMMUNITY, CENTER, INC. 09-18-2000 90013 001 ****61.25 Principal Place of Business Mailing Address 554 DR. BETHUNE BLVD. P.O. BOX 689 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32115-6890 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1711816 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) THOMPSON, JOAN C 554 DR MARY MCLEOD BETHUNE BLVD DAYTONA BEACH FL 32114 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Vice Chairman . Change - XAddition THOMPSON, JOAN C NAME NAME Daisy Taylor Grimes STREET ADDRESS STREET ADDRESS 554 DR MARY MCLEOD BETHUNE BLVD 133 Old Mill Run CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL Ormond Beach, FL 32174 ☐ Delete TITLE ☐ Change Addition TITLE Secretary NAME **GOLDEN-SCARLETT. YVONNE** NAME Gloria Sims Brown STREET ADDRESS STREET ADDRESS 1690 DUNN AVENUE APT. 506 379 Weaver Street City-St-ZIP CITY-ST-ZIP DAYTONA BEACH FL Daytona Beach, FL 32114 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WASHINGTON, CATHY D. NAME STREET ADDRESS STREET ADDRESS 937 LOCKHART STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE ☐ Defete ☐ Change TITLE ☑ Addition NAME **LOCKLEAR SENORITA** MAME STREET ADDRESS 1421 SUNSET BLVD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME REYNOLDS CASSANDRA NAME STREET ADDRESS STREET ADDRESS **421 MARGIE LANE** CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition **HEARD PATRICIA** NAME NAME STREET ADDRESS 1401 THIRD ST STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 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 polyired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if