


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 733293 1. Entity Name RICHARD V. MOORE COMMUNITY CENTER, INC.	
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Principal Place of Business 554 DR. BETHUNE BLVD. DAYTONA BEACH, FL 32114 US	Mailing Address P.O. BOX 689 DAYTONA BEACH, FL 32115-6890 US
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1711816	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JOAN C ED
554 DR MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	BODS BROWN, GLORIA S 379 WEAVER ST DAYTONA BEACH, FL 32114
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WASHINGTON, CATHY D. 937 LOCKHART STREET DAYTONA BEACH, FL 32114
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FLEMING, LILLIE 308 JEFFERSON ST DAYTONA BEACH, FL 32114
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD BEEN, ALSON 1916 DONALD PL DAYTONA BEACH, FL 32119
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/29/04-80081-010 81.25

**DO NOT WRITE
IN THIS SPACE**

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 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan C Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2004 (386) 2584447
Date Daytime Phone