2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, $\overline{2003}$ 8:00 am $\frac{8}{3}$ **Secretary of State** DOCUMENT # **733293** 05-01-2003 90153 033 ****61.25 RICHARD V. MOORE COMMUNITY CENTER, INC. Principal Place of Business Mailing Address 554 DR. BETHUNE BLVD. P.O. BOX 689 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32115-6890 118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1711816 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, JOAN C ED Street Address (P.O. Box Number is Not Acceptable) 554 DR MARY MCLEOD BETHUNE BLVD DAYTONA BEACH FL 32114 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. BODS TITLE Delete TITI F Change ☐ Addition NAME **BROWN, GLORIA S** NAME STREET ADDRESS STREET ADDRESS 379 WEAVER ST CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP COCH **X** Detete TITLE ☐ Change ☐ Addition TITLE NAME GRIMES, DAISY T NAME STREET ADDRESS 130 OLD MILL RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 TITLE Delete ☐ Change ■ Addition WASHINGTON, CATHY D. NAME NAME STREET ADDRESS 937 LOCKHART STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 BOD TITLE □ Delete TITLE [☑ Change ☐ Addition leming, Lillie FLEMING. LILLIE F NAME NAME 308 JEFFERSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 BOD TITLE ☐ Delete TITLE Change Addition NAME BEEN, ALSON NAME STREET ADDRESS 1916 DONALD PL STREET ADDRESS CITY-ST-ZIP **DAYTONA BEACH FL 32119** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filing does not quality 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 it is used. Find that my name appears in Block 10 or Block 11 if changed, or on an attaching with an address.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED