

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K00343** (9)

1. Corporation Name

MOORES FAMILY FUND, INC.



Principal Place of Business

Mailing Address

**C/O WILLIE J. HAYWOOD
4235 N.W. 201ST STREET
CAROL CITY FL 33055**

**C/O WILLIE J. HAYWOOD
4235 N.W. 201ST STREET
CAROL CITY FL 33055**

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

3. Date Incorporated or Qualified

10/30/1987

3a. Date of Last Report

03/07/1995

4. FEI Number

59-2592826

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

**HAYWOOD, WILLIE J.
4235 N.W. 201ST STREET
CAROL CITY FL 33055**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named in the statement and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HAYWOOD, WILLIE J.
4235 N.W. 201ST ST.
CAROL CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MOORE, JIMMIE LEE
4235 N.W. 201ST ST.
CAROL CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HAYWOOD, CLEOLA
4235 N.W. 201ST ST.
CAROL CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**S
THOMPkins, PATRICIA
4235 N.W. 201ST ST.
CAROL CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HAYWOOD, ELLEN (ASST)
4235 N.W. 201ST ST.
CAROL CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WISE, DEBORAH (ASST)
4235 N.W. 201ST ST.
CAROL CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Willie J. Haywood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96
Date

987-0782
Daytime Phone #

CR2E034 (12/95)