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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

C/O WILLIE J. HAYWOOD
4235 N.W. 201ST STREET
CAROL CITY FL 33055-1311

3. Date Incorporated or Qualified

10/30/1987

3a. Date of Last Report

02/23/1996

4. FEI Number

59-2592826

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$6.75 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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 typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HAYWOOD, WILLIE J.	
STREET ADDRESS	4235 N.W. 201ST ST.	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	VD	☐ DELETE
NAME	MOORE, JIMMIE LEE	
STREET ADDRESS	4235 N.W. 201ST ST.	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	TD	☐ DELETE
NAME	HAYWOOD, CLEOLA	
STREET ADDRESS	4235 N.W. 201ST ST.	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	S	☐ DELETE
NAME	THOMPkins, PATRICIA	
STREET ADDRESS	4235 N.W. 201ST ST.	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	S	☐ DELETE
NAME	HAYWOOD, ELLEN (ASST)	
STREET ADDRESS	4235 N.W. 201ST ST.	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	T	☐ DELETE
NAME	WISE, DEBORAH (ASST)	
STREET ADDRESS	4235 N.W. 201ST ST.	
CITY - ST - ZIP	CAROL CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 17, 1997 625-1716

CR2E034 (9/96)