


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # K00343 1. Entity 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
--	--



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000142897
04/30/04-80070-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JIMMIE L 4235 N.W. 201ST ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODMAN, KATHERINE 4235 N.W. 201ST ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYWOOD, CLEOLA 4235 N.W. 201ST ST. CAROL CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UDELL, MIRIAM 4235 N.W. 201ST ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIS, ESTHER 4235 N.W. 201ST ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISE, DEBORAH (ASST) 4235 N.W. 201ST ST. CAROL CITY, FL

**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)(f), 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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-04 954-9870782