

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 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**



02162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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03/21/08-80038-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Willie J. Haywood *Francis Robison* *March 3, 2008* *954-982-0782*