

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00343

FILED
Feb 08, 2011
Secretary of State

Entity Name: MOORES FAMILY FUND, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O WILLIE J. HAYWOOD
5420 FLAGLER STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2592826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MOORE, JIMMIE L
Address: 4235 N.W. 201ST ST.
City-St-Zip: CAROL CITY, FL 33055

Title: VD
Name: GOODMAN, KATHERINE
Address: 4235 N.W. 201ST ST.
City-St-Zip: CAROL CITY, FL 33055

Title: TD
Name: HAYWOOD, CLEOLA
Address: 4235 N.W. 201ST ST.
City-St-Zip: CAROL CITY, FL

Title: S
Name: UDELL, MIRIAM
Address: 4235 N.W. 201ST ST.
City-St-Zip: CAROL CITY, FL 33055

Title: AS
Name: WILLIS, ESTHER
Address: 4235 N.W. 201ST ST.
City-St-Zip: CAROL CITY, FL 33055

Title: T
Name: WISE, DEBORAH (ASST)
Address: 4235 N.W. 201ST ST.
City-St-Zip: CAROL CITY, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIE J. HAYWOOD

A

02/08/2011

Electronic Signature of Signing Officer or Director

Date