

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000002670 1. Entity Name THE HARRY T. AND HARRIETTE V. MOORE CULTURAL COMPLEX, INC.					
Principal Place of Business 418 PENNSYLVANIA AVE ROCKLEDGE, FL 32955				Mailing Address P.O. BOX 817 MIMS, FL 32754	
2. Principal Place of Business 2180 FREEDOM AVENUE Suite, Apt. #, etc.		3. Mailing Address POST OFFICE BOX 817 Suite, Apt. #, etc.		02152006 REIN-NP CR2E099 (11/05)	
City & State MIMS, FLORIDA		City & State MIMS, FLORIDA		4. FEI Number 59-3589791	
Zip 32754		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, LEROY 814 SYCAMORE STREET TITUSVILLE, FL 32780				7. Name and Address of New Registered Agent Name WILLIAM E. GARY Street Address (P.O. Box Number is Not Acceptable) 3705 BELLE ARBOR CIRCLE City TITUSVILLE FL 32780	
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 <u><i>William E. Gary</i></u> WILLIAM E. GARY, PRESIDENT 02/17/2006 <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, CLARENCE 418 PENNSYLVANIA AVE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM E. GARY 3705 BELLE ARBOR CIR TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICH, DAVID N 4030 WINTER TERRACE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELORES ABRAHAM 1682 SOUTH PARK AVE. TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTLEY, GLORIA W 1320 HOBBS AVENUE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEDRIC NIXON 4532 OAK ARBOR CIRCLE ORLANDO, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, MAXWELL DR. 1384 WALTON HEATH COURT ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDLE CLAY 3265 TREETOP DRIVE TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, LEROY G 814 SYCAMORE ST TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEROY SMITH 814 SYCAMORE STREET TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITEHEAD, MILDRED 2224 CATAWBA COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM WARREN 2263 FREEDOM AVENUE MIMS, FL 32754	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 617, 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: <u><i>William E. Gary</i></u> WILLIAM E. GARY, PRESIDENT 02/17/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					