2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002670

1. Entity Name
THE HARRY T. AND HARRIETTE V. MOORE CULTURAL



FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90851 040 ****61.25

COMPLEX, INC.				ILLI)						
2180 FREEDOM AVENUE P.		Mailing Address P.O. BOX 817 MIMS, FL 32754								
2 Principal P	None of Projects No D.O. Pou #	2 Mailion Address								
		3. Mailing Address			i idalikak aki raka		RUIII WUIIN IIDIE DIIII		iai bi 1691	
Suite, Apt. #, etc.		Suite, Apt, #, etc.			04272007 Ch	hg-NP	CR2E037 (12	/06)		
City & State		City & State			4. FEI Number 59-358979	11		_	olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		5 Addit		
	6. Name and Address of Current	Registered Agent	,,		7. Name and Add	iress of New Re	gistered Agent			
GARY, WILLIAM E			Name	Name						
3705 BELL	LE ARBOR CIRCLE LE, FL 32780		Street Address			(P.O. Box Number is Not Acceptable)				
			City				Fa Zii	o Code		
0 The above						the Otest of Piece	r.			
 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 a	and title if applicable. (NOTE:	Registered Agent signatur	benupes er	when reinstating)		DATE			
	Filing Fee is \$61.25	. 9. Election Camp	aign Financing		\$5.00 May Be	Ma	ke check paya	ble to		
	Due by May 1, 2007	Trust Fund Co	ntribution. [Added to Fees	Florid	la Department	of Sta		
10.	OFFICERS AND DIF		ntribution.	□	Added to Fees	Florid	la Department	of Sta	ite	
TITLE	OFFICERS AND DIF		11.	□	Added to Fees	Florid	la Department	of Sta	ite	
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TITLE	OFFICERS AND DIF	RECTORS	11.	□	Added to Fees	Florid	la Department	of Sta	i te 10	
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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.

IGNATURE: William E. Gary, Pres. 4/25/07 (321)867–30 COMMITTEE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (321)867-3021 4/25/07