

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002670**

1. Entity Name  
**THE HARRY T. AND HARRIETTE V. MOORE CULTURAL  
COMPLEX, INC.**



Principal Place of Business  
**2180 FREEDOM AVENUE  
MIMS, FL 32754 US**

Mailing Address  
**P.O. BOX 817  
MIMS, FL 32754**



04232008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3589791**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GARY, WILLIAM E  
3705 BELLE ARBOR CIRCLE  
TITUSVILLE, FL 32780**

**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 William E. Gary / William E. Gary, President DATE 4/22/08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000925118  
05/20/08-80012-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GARY, WILLIAM E
STREET ADDRESS	3705 BELLE ARBOR CIRCLE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	ABRAHAM, DELORES
STREET ADDRESS	1682 SOUTH PARK AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	S
NAME	BARTLEY, GLORIA W
STREET ADDRESS	1320 HOBBS AVENUE
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D
NAME	KING, MAXWELL DR.
STREET ADDRESS	1384 WALTON HEATH COURT
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	V
NAME	NIXON, CEDRIC
STREET ADDRESS	4532 OAK ARBOR CIRCLE U
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	T
NAME	WHITEHEAD, MILDRED
STREET ADDRESS	2224 CATAWBA
CITY-ST-ZIP	COCOA, FL 32926

**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: William E. Gary / William E. Gary, President DATE 4/22/08 (321)867-3021