2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N02000002670

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

Current Principal Place of Business:

2180 FREEDOM AVENUE
MIMS, FL 32754 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 817
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-3589791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARY, WILLIAM E
3705 BELLE ARBOR CIRCLE
TITUSVILLE, FL 32780 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:	P	( ) Delete
Name:	GARY, WILLIAM E	
Address:	3705 BELLE ARBOR CIRCLE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	ABRAHAM, DELORES	
Address:	1682 SOUTH PARK AVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	S	( ) Delete
Name:	BARTLEY, GLORIA W	
Address:	1320 HOBBS AVENUE	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	KING, MAXWELL DR.	
Address:	1384 WALTON HEATH COURT	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	V	( ) Delete
Name:	NIXON, CEDRIC	
Address:	4532 OAK ARBOR CIRCLE U	
City-St-Zip:	ORLANDO, FL 32808	
Title:	T	( ) Delete
Name:	WHITEHEAD, MILDRED	
Address:	2224 CATAWBA	
City-St-Zip:	COCOA, FL 32926	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FLETCHER, JAMES	
Address:	530 CRISAFULLI RD.	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. GARY P 04/20/2009

Electronic Signature of Signing Officer or Director — Date