


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006615 1. Entity Name LEO A. MOXEY MEMORIAL FOUNDATION, INC.	
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Principal Place of Business 1113 N PINE HILLS RD ORLANDO, FL 32808	Mailing Address 1113 N PINE HILLS RD ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2519698	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOXEY, WINSTON B
1113 N PINE HILLS RD
ORLANDO, FL 32808

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000932794 05/27/08-80063-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOXEY, WINSTON B 1113 N PINE HILLS RD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, BEATRICE H 1113 N PINE HILLS RD ORLANDO, FL 32808
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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 all other like empowered.

SIGNATURE:  **Director** **4/26/08** **407-523-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #