

N 05 0000 11949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

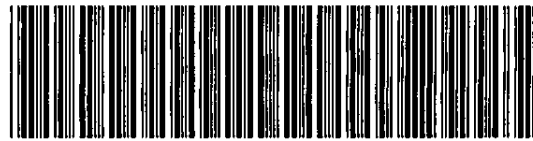
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL - 7 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Paul Moore Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000011949

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly E. Church

Name of Contact Person

The Paul Moore Foundation, Inc.

Firm/Company

3809 N. Tampa Street

Address

Tampa, FL 33603

City/State and Zip Code

kchurch@hdcinc.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly E. Church

Name of Contact Person

at ( 813 ) 872-6250

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2017

KIMBERLY E. CHURCH  
3809 N. TAMPA STREET  
TAMPA, FL 33603

SUBJECT: THE PAUL MOORE FOUNDATION, INC.  
Ref. Number: N05000011949

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II

Letter Number: 117A00010782

RECEIVED  
17 JUL -3 PM 4:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Paul Moore Foundation, INC.
2. The principal office address: 3809 N. Tampa Street  
Tampa, FL 33603
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/28/2005 Document number: N05000011949
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dr. Kimberly E. Church

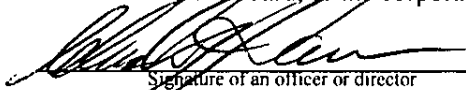
3809 N. Tampa Street

P.O. Box NOT acceptable

Tampa, FL 33603

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Charles Harrison, Board President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

6.28.17

Date

If signing on behalf of an entity:

Kimberly E. Church

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*