FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:12

DOCUMENT # N34978 (9)

1. Corporation Name
HARRY T. MOORE FUND, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 1334 EUSTIS FL 32727	1107 BEECHER STREET LEESBURG FL 34748-3810

3. Date Incorporated or Qualified: 10/30/1989
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2975723 — Applied For
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAMB, HARRY L., JR
605 E. ROBINSON STREET
SUITE 630
ORLANDO, FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	POOLE, T. H., SR
STREET ADDRESS	1033 SMITH ST
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	D
NAME	EVANS, CHARLES
STREET ADDRESS	851 CIRCLE DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	JOHNSON, SHIRLEY
STREET ADDRESS	3425 NW 186 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	RUSSELL, LEON
STREET ADDRESS	315 COURT ST
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD
NAME	PALMER, MARIE B.
STREET ADDRESS	4294 NIMONS STREET
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	D
NAME	GARY, WILLIAM
STREET ADDRESS	3480 FOX HOLLOW DR
CITY-ST-ZIP	TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	☐ Change ☐ Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change ☐ Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change ☐ Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change ☐ Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change ☐ Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change ☐ Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie B Palmer Marie B. Palmer, Treas. 2/12/95 (904)357-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #