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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34978 (9)

1. Corporation Name
HARRY T. MOORE FUND, INCORPORATED

Principal Place of Business P.O. BOX 1334 EUSTIS FL 32727	Mailing Address 1107 BEECHER STREET LEESBURG FL 34748-3810
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/30/1989		3a. Date of Last Report 05/20/1996	
4. FEI Number 59-2975723		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent LAMB, HARRY L, JR 805 E. ROBINSON STREET SUITE 830 ORLANDO, FL 32801				10. Name and Address of New Registered Agent 81 Name James E. C. Perry 82 Street Address (P.O. Box Number is Not Acceptable) P. O. Box 2248 219 Lime Avenue 83 Orlando, FL. 32802 32805 84 City Orlando FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James E. C. Perry* **James E. C. Perry** **6/9/97** DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POOLE, T. H., SR 1033 SMITH ST EUSTIS FL 32726	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Wille L. Williams 404 Lionel Ave. Orlando, FL. 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, CHARLES 851 CIRCLE DR TALLAHASSEE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SHIRLEY 3425 NW 186 COURT MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D T. H. Poole, Sr. 1033 Smith St. Eustis, FL. 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSELL, LEON 315 COURT ST CLEARWATER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMER, MARIE B. 4294 NIMONS STREET ORLANDO FL 32805	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD Leon Russell 315 Court St. Clearwater, FL. 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, WILLIAM 3480 FOX HOLLOW DR TITUSVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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** **6/12/97** **407**
Signature, typed or printed name of registered agent and title if applicable

CR2E037 (9/96)