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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 - NAACP, INCORPORATED

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

4. FEI Number

59-2975723

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, JAMES E
219 LIME AVE
ORLANDO, FL 32805**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **WILLIAMS, WILLI L**
STREET ADDRESS **404 LIONEL AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
NAME **EVANS, CHARLES**
STREET ADDRESS **851 CIRCLE DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D**
NAME **POOLE, T.H. S**
STREET ADDRESS **1033 SMITH ST**
CITY-ST-ZIP **EUSTIS FL**

TITLE **PD**
NAME **RUSSELL, LEON**
STREET ADDRESS **315 COURT ST**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D**
NAME **GARY, WILLIAM**
STREET ADDRESS **3480 FOX HOLLOW DR**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE **D**
1.2 NAME **RENA D. POOLE**
1.3 STREET ADDRESS **1033 Smith St, Eustis, FL 32726**
1.4 CITY-ST-ZIP

2.1 TITLE **D**
2.2 NAME **MARIE B. PALMER**
2.3 STREET ADDRESS **4294 Nimons St. Orlando, 32811**
2.4 CITY-ST-ZIP

3.1 TITLE **D**
3.2 NAME **ESTELLA CRUMMER**
3.3 STREET ADDRESS **1403 N. Orange St.**
3.4 CITY-ST-ZIP **Mt. Dora, FL 32757**

4.1 TITLE **D**
4.2 NAME **SAYNNE G. JONES**
4.3 STREET ADDRESS **1205 Marshall Ct. Eustis, 32726**
4.4 CITY-ST-ZIP

5.1 TITLE **D**
5.2 NAME **WHITFIELD JENKINS**
5.3 STREET ADDRESS **2200 NW 24th Rd**
5.4 CITY-ST-ZIP **Ocala, FL 34475**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

[Signature]

2/14/98 (352) 357 3490

CP2E037 (10/97)