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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90009 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34978**

1. Corporation Name

**HARRY T. MOORE FUND - NAACP, INCORPORATED**

Principal Place of Business

P.O. BOX 1334  
EUSTIS FL 32727

Mailing Address

1107 BEECHER STREET  
LEESBURG FL 34748-3810



2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>10/30/1989</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2975723</b>
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POOLE, RENA D</b>	1.2 NAME	<b>Williams, Willie</b>
STREET ADDRESS	<b>1033 SMITH ST</b>	1.3 STREET ADDRESS	<b>404 Lionel</b>
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL. 32805</b>
TITLE	<b>BT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PALMER, MARIE B</b>	2.2 NAME	<b>Russell, Leon</b>
STREET ADDRESS	<b>4294 NIMONS ST</b>	2.3 STREET ADDRESS	<b>400 S. Ft/ Harrison, Ste. 300</b>
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	2.4 CITY-ST-ZIP	<b>Clearwater, FL. 33756</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CRUMMER, ESTELLA</b>	3.2 NAME	<b>T. H. Poole, Sr.</b>
STREET ADDRESS	<b>1403 N ORANGE ST</b>	3.3 STREET ADDRESS	<b>1033 Smith St.</b>
CITY-ST-ZIP	<b>MT DORA FL 32757</b>	3.4 CITY-ST-ZIP	<b>Eustis, FL. 32726</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, SAYNNE G</b>	4.2 NAME	<b>Evans, Charles</b>
STREET ADDRESS	<b>1205 MARSHALL CT</b>	4.3 STREET ADDRESS	<b>851 Circle Dr.</b>
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	4.4 CITY-ST-ZIP	<b>Tallahassee, FL. 32301</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JENKINS, WHITFIELD</b>	5.2 NAME	<b>Johnson, Shirley</b>
STREET ADDRESS	<b>2200 NW 24TH RD</b>	5.3 STREET ADDRESS	<b>3925 N.W. 186 Street</b>
CITY-ST-ZIP	<b>OCALA FL 34475</b>	5.4 CITY-ST-ZIP	<b>Miami, FL. 33055</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Margaret B. Talbot*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/99 (407)425-0608*  
Date Daytime Phone #

CR2E037 (11/98)