

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90050 047 \*\*\*\*61.25

**DOCUMENT # N34978**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2975723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLETON, LARRY H  
2300 EAST CONCORD ST  
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME POOLE, RENA D  
STREET ADDRESS 1033 SMITH ST  
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Change ☐ Addition  
NAME Leon Russell  
STREET ADDRESS 315 Court St.  
CITY-ST-ZIP Clearwater, Fl.

TITLE ☐ Delete  
NAME PALMER, MARIE B  
STREET ADDRESS 4294 NIMONS ST  
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Change ☐ Addition  
NAME T. H. Poole, Sr.  
STREET ADDRESS 1033 Smith St.  
CITY-ST-ZIP Eustis, Fl.

TITLE ☐ Delete  
NAME CRUMMER, ESTELLA  
STREET ADDRESS 1403 N ORANGE ST  
CITY-ST-ZIP MT DORA FL 32757

TITLE ☐ Change ☐ Addition  
NAME Charles Evans  
STREET ADDRESS 851 Circle Drive  
CITY-ST-ZIP Tallahassee, Fl.

TITLE ☐ Delete  
NAME JONES, SAYNNE G  
STREET ADDRESS 1205 MARSHALL CT  
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Change ☐ Addition  
NAME Shirley Johnson  
STREET ADDRESS 3925 NW 186th. St.  
CITY-ST-ZIP Miami, Fl.

TITLE ☐ Delete  
NAME JENKINS, WHITFIELD  
STREET ADDRESS 2200 NW 24TH RD  
CITY-ST-ZIP Ocala FL 34475

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME WILLIAMS, WILLIE  
STREET ADDRESS 404 LIONEL  
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie B. Palmer, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 (407) 425-0608