## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 11, 2006 8:00 am Secretary of State DOCUMENT # N34978 1. Entity Name 05-11-2006 90236 008 \*\*\*\*61.25 HARRY T. MOORE FUND - NAACP, INCORPORATED Principal Place of Business Mailing Address P.O. BOX 1334 1107 BEECHER STREET EUSTIS FL 32727 LEESBURG FL 34748-3810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2975723 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLETON, LARRY H Street Address (P.O. Box Number is Not Acceptable) 2300 EAST CONCORD ST ORLANDO FL 32803 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. O僚ICERS AND DIRECTORS 11. TITLE ☐ Delete Change ☐ Addition POOLE, RENA D NAME Leon Russell NAME 1033 SMITH ST STREET ADDRESS STREET ADDRESS 400 S. Ft. Harrison Ste. 300 EUSTIS FL 32726 CITY-ST-ZIP CITY- ST- 7IP Clearwater, Fl. 33756 TITLE Delete TITLE Change ☐ Addition PALMER, MARIE B NAME NAME T. H. Poole, Sr. 4294 NIMONS ST STREET ADDRESS STREET ADDRESS 1033 Smith St. ORLANDO FL 32811 CITY-ST-ZIP CITY-ST-7IP <u> Eustis, Fl. 32726</u> x Defete TITLE ☐ Change Addition CRUMMER, ESTELLA NAME NAME Charles L. Evans STREET ADDRESS 1403 N ORANGE ST STREET ADDRESS 851 Circle Dr. CITY-ST-ZIP MT DORA FL 32757 CITY-ST-7IP <del>'allahassee, Fl.</del> TITLE ☐ Delete TITLE ☐ Change Addition JONES, SAYNNE G NAME Shirley Johnson STREET ADDRESS 1205 MARSHALL CT STREET ADDRESS Miami, Florida EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JENKINS, WHITFIELD NAME NAME Patrica Pearson 2200 NW 24TH RD STREET ADDRESS STREET ADDRESS 3128 Green Arbor Place OCALA FL 34475 CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville, Fl.</u> TITLE TITLE ☐ Delete ☐ Change Addition WILLIAMS, WILLIE NAME Naomi Hardison 404 LIONEL STREET ADDRESS STREET ADDRESS 1158 Lost Trail ORLANDO FL 32805 City-S3-7IP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

Marie B. Palmer. Treasurer Marie B. Palmer 5/06/06/407-425-0608 SIGNATURE: