

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90024 027 \*\*\*\*61.25

<b>DOCUMENT # N34978</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	S POOLE, RENA D 1033 SMITH ST EUSTIS, FL 32728	<input type="checkbox"/> Delete	TITLE NAME	D NAOMI HARDISON 1158 Lost Trail Ft. Walton, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	T PALMER, MARIE B 4294 NIMONS ST ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME	D Patricia Pearson 3128 Green Arbor Place Jacksonville, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	T RUSSELL, LEON 400 S FT HARRISON STE 300 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME	D T. H. Poole, Sr. 1033 Smith Street Eustis, FL 32727	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	D JONES, SAYNNE G 1205 MARSHALL CT EUSTIS, FL 32728	<input type="checkbox"/> Delete	TITLE NAME	D Shirley Johnson 3925 NW 186th St. Miami, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	D JENKINS, WHITFIELD 2200 NW 24TH RD OCALA, FL 34475	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	C WILLIAMS, WILLIE 404 LIONEL ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <u>Marie B. Palmer</u>			Marie B. Palmer, Treasure		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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