2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34978

FILED Apr 27, 2009 Secretary of State

Entity Name: HARRY T. MOORE FUND - NAACP, INCORPORATED

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
P.O. BOX EUSTIS, F				
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	CHER STREET RG, FL 347483810			
FEI Number	r: 59-2975723 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
2300 EAS	DN, LARRY H IT CONCORD ST O, FL 32803 US			
	e named entity submits this statement for the ${f p}$ te of Florida.	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	S () Delete POOLE, RENA D 1033 SMITH ST	Title: Name: Address:	() Change () Addition	
only of Zip.	EUSTIS, FL 32726	City-St-Zip:		
Fitle: Name: Address:	T () Delete PALMER, MARIE B 4294 NIMONS ST ORLANDO, FL 32811	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	T () Delete PALMER, MARIE B 4294 NIMONS ST	Title: Name: Address:	() Change () Addition () Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	T () Delete PALMER, MARIE B 4294 NIMONS ST ORLANDO, FL 32811 T () Delete RUSSELL, LEON 400 S FT HARRISON STE 300	Title: Name: Address: City-St-Zip: Title: Name: Address:	•	
Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	T () Delete PALMER, MARIE B 4294 NIMONS ST ORLANDO, FL 32811 T () Delete RUSSELL, LEON 400 S FT HARRISON STE 300 CLEARWATER, FL 33756 D () Delete JONES, SAYNNE G 1205 MARSHALL CT	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE PALMER T 04/27/2009