

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90142 018 \*\*\*\*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

4. FEI Number **59-2975723**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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**

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 **S POOLE, RENA D**  
STREET ADDRESS **1033 SMITH ST.**  
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition  
NAME **D 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 **D T. H. Poole, Sr.**  
STREET ADDRESS **1033 Smithe St, Eustis, Fl.**

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME **Atty. Larry Colleton**  
STREET ADDRESS **2300 E. Concord St.**  
CITY-ST-ZIP **Orlando, Fl.**

TITLE ☐ Delete  
NAME **C 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: *Manoel F. Palmeiro* Treasurer 04/25/03 (467) 425-0608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)