FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47769 (7)

1. Corporation Name
PARENTS FOR MOORE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% W T MOORE ELEMENTARY SCHOOL RT 17 DEMPSEY MAYO RD TALLAHASSEE FL 32308	% W T MOORE ELEMENTARY SCHOOL RT 17 DEMPSEY MAYO RD TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 03/10/1992
3a. Date of Last Report: 08/16/1994
4. FEI Number: 59-3243742 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

TROWBRIDGE, STEPHEN R
6448 CAVALEADE TRAIL
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Stephen R. Trowbridge — 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	EVERS, CINDY B	1.2 NAME	Glass, Stephen E	
STREET ADDRESS	4063 MCCARTHY WAY	1.3 STREET ADDRESS	4041 Devlin Court	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	DV	2.1 TITLE	DV	☑ Change ☒ Addition
NAME	GLASS, STEPHEN E	2.2 NAME	Hattie C. Saulberry	
STREET ADDRESS	4041 DEVLIN COURT	2.3 STREET ADDRESS	3556 Stowe Trace	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	DS	3.1 TITLE	DS	☑ Change ☐ Addition
NAME	WISNER, SUZANN H	3.2 NAME	Michele V. Meyer	
STREET ADDRESS	3264 CRANLEIGH DR.	3.3 STREET ADDRESS	4583 Berklie Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	T	4.1 TITLE	T	☐ Change ☐ Addition
NAME	TROWBRIDGE, STEPHEN R	4.2 NAME	Trowbridge, Stephen R.	
STREET ADDRESS	6448 CAVALCADE TRAIL	4.3 STREET ADDRESS	6448 Cavalcade Trail	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen R. Trowbridge — STEPHEN R. Trowbridge — 4-25-95 — (904) 561-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027561