

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47769 (7)
 1. Corporation Name
PARENTS FOR MOORE, INC.



Principal Place of Business % W T MOORE ELEMENTARY SCHOOL RT 17 DEMPSEY MAYO RD TALLAHASSEE FL 32308	Mailing Address % W T MOORE ELEMENTARY SCHOOL RT 17 DEMPSEY MAYO RD TALLAHASSEE FL 32308
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/10/1992	3a. Date of Last Report 05/01/1995
21	26	4. FEI Number 59-3243742	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28		
Zip	Country		
24	25	29	30

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 B GEORGE, KAREN G
82 Street Address (P.O. Box Number is Not Acceptable) 3579 GARDENVIEW WAY
83
84 City TALLAHASSEE
85 State FL
86 Zip Code 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Karen G. George* **KAREN G. GEORGE** DATE **7/25/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GLASS, STEPHEN E	
STREET ADDRESS	4041 DEVLIN COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GLASS, STEPHEN E	
STREET ADDRESS	4041 DEVLIN COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, MICHELE V	
STREET ADDRESS	4583 BERKJIE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TROWBRIDGE, STEPHEN R	
STREET ADDRESS	6448 CAVALCADE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SAULBERRY, HATTIE C	
STREET ADDRESS	3556 STOWE TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOLL, LOU L.	
1.3 STREET ADDRESS	5154 ILE DE FRANCE DR	
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOLL, HAVON	
2.3 STREET ADDRESS	5154 ILE DE FRANCE RIVE	
2.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TURNER, ANGELA	
3.3 STREET ADDRESS	3230 VARNELL DRIVE	
3.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BUTLER, CAROLYN	
4.3 STREET ADDRESS	3710 STIRLING DRIVE	
4.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEORGE, KAREN G.	
5.3 STREET ADDRESS	3579 GARDENVIEW WAY	
5.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: *Karen G. George* **KAREN G. GEORGE** DATE **7/25/96** DAYTIME PHONE # **904-894-1383**

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

CR2E037 (3/96)