

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004621**

1. Entity Name

THE WILLIAM T. MOORE FAMILY FOUNDATION, INC.



Principal Place of Business

2005 N. HALIFAX AVENUE  
DAYTONA BEACH, FL 32118

Mailing Address

P.O. BOX 305  
ORMOND BEACH, FL 32176 US

**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3268795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOORE, WILLIAM T  
2005 N. HALIFAX AVENUE  
DAYTONA BEACH, FL 32118

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000090910  
03/17/04-80038-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MOORE, WILLIAM T  
STREET ADDRESS 2005 NORTH HALIFAX  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE D  
NAME MOORE, KAY D  
STREET ADDRESS 2005 NORTH HALIFAX  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE D  
NAME MOORE, WILLIAM T III  
STREET ADDRESS 1301 OAK FOREST DR  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D  
NAME MOORE, MOLLY  
STREET ADDRESS 117 PINE TREE DR  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*William T Moore* William T Moore, President 3/15/04 386-258-0309  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #