

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90013 009 \*\*\*\*61.25

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02062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N94000004621</b> 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		
2. Principal Place of Business <i>54 Indianhead Drive</i> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <i>Ormond Beach FL</i> Zip <i>32174</i>		City & State  Country <i>U.S.A</i>		4. FEI Number 59-3268795 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  MOORE, WILLIAM T 2005 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>54 Indianhead Drive</i> City <i>Ormond Beach</i> <b>FL</b> Zip Code <i>32174</i>				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: <i>Walter Moore</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, WILLIAM T 2005 NORTH HALIFAX DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>54 Indianhead Drive</i> <i>Ormond Beach, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, KAY D 2005 NORTH HALIFAX DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>54 Indianhead Drive</i> <i>Ormond Beach, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, WILLIAM T III 1301 OAK FOREST DR ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MOLLY 117 PINE TREE DR ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Walter Moore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	