2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N94000004621

Entity Name: THE WILLIAM T. MOORE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

54 INDIANHEAD DR
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3268795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, WILLIAM T
54 INDIANHEAD DR
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOORE, WILLIAM T
Address: 54 INDIANHEAD DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: V ( ) Delete
Name: RICHARDSON, JUDITH M
Address: 14 RISING MOON TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: MOORE, WILLIAM T III
Address: 1301 OAK FOREST DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: MOORE, MOLLY
Address: 117 PINE TREE DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: RICHARDSON, JUDITH M
Address: 14 RISING MOON TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. MOORE PD 03/17/2009

Electronic Signature of Signing Officer or Director — Date