FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600000541 (0)

THE HARRY T. AND HARRIETTE V. MOORE JUSTICE CENT ER COMMITTEE, INC.

FILED
Apr 15 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address 418 PENNSYLVANIA AVENUE ROCKLEDGE FL 32855 ROCKLEDGE FL 32955-3225						<u> </u>	
					3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last	Report
2. Principal Place of Business 21 MOORE JUSTICE CT. Comm. Hice 26					4. FEI Number 59 - 335 6616		Applied For Not Applicable
Sulte Apt. #, etc. 22 P.O. BOX 4/0495 27 Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee	Additional Required
City & State City & State City & State City & State				6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F Country 8. This corporation has liability for intencible tax under \$19		d to Fees	
Zip 24 3 29	25 U.S.A. 9. Name and Address of Current	Zip 29 Registered Agent	30	ntry	8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reg	Yes No	s. 199.032,
				81 Name	18. (14.16.16.16.16.16.16.16.16.16.16.16.16.16.	, otorou rigorii	
FITZGERALD, MICHAEL							
HUMAN RESOURCES				Street Address (P.O. Box Number is Not Acceptable)			
	r. JOHNS STREET		f	83			
MELBOURNE FL 32940			1	•		- 	
				84 City		FL 85 Zi	p Code
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligat	f Florida, Such change	was authorizer	by the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	rpose of changing t the appointment of	its registered is registered
SIGNATURE							
12.	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE Registered	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE.	DC IN 10
TITLE	I D	DELETI		ı.	President	Change	
NAME	ANLIKER, BILL		1.2 NA		Clarry & ROWE		, LEI MODICION
STREET ADDRESS	700 PARK AVENUE			REET ADDRESS	418 PENNSYLVANIA AVE. ROOKLESSE, Fl. 32955		
CITY-ST-ZIP	TITUSVILLE FL 32780			Y-ST-ZIP	Rookledse, Fl 32955		
TITLE	D	☐ DELETI			ηυση τη της του	Change	Addition
NAME	ARNOULT, BARBARA		2.2 NA				
STREET ADDRESS	1234 ROYAL BIRKDALE			REET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			1Y-S1-ZIP			
TITLE	D	DELETE				Change	Addition
NAME	FRINK, CLEAVE		3.2 NAI	ME (
STREET ADDRESS	3215 SOUTH REDWOOD LANE		3.3 \$16	REET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901		3.4. CI	TY-ST-ZIP			
TITLE	D	DELETE				Change	Addition
NAME	FITZGERALD, MICHAEL		4. 2 NA	ME			
STREET ADDRESS	2725 ST. JOHNS STREET		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940			Y-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TIT	LE		Change	Addition
NAME	ALEXANDER, MOSE		5.2 NA	ME			
STREET ADDRESS	POST OFFICE BOX 560119		5.3 STF	REET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32956			Y-ST-ZIP			
TITLE	D	DELETE	6.1 Titl	LE		Change	Addition
NAME	TRETTIS, BLAISE		6.2 NA	ME			
STREET ADDRESS	1018-C SOUTH FLORIDA AVEN	IUE	63 \$18	REFT ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955		6.4 CIT	Y-ST-ZIP			
	by certify that the information supplied :	with this filing does not a			ed in Section 119.07(3)(i) Florida Statutes	1 further certify the	at the

In roo hereby certify that the information supplied with this filing 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.