

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN -7 AM 8:04

SECRETARY OF STATE

DOCUMENT # N96000000541 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

MOORE JUSTICE ST. COMMITTEE  
P.O. BOX 410495  
MELBOURNE FL 32941  
US

418 PENNSYLVANIA AVENUE  
ROCKLEDGE FL 32955

3. Date of Incorporation or Qualification  
01/29/1996

REINSTATEMENT 98-99

4. FEI Number

59-3356616

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, MICHAEL  
HUMAN RESOURCES  
2725 ST. JOHNS STREET  
MELBOURNE FL 32940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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: *Michael Fitzgerald*  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ANLIKER, BILL  
STREET ADDRESS 700 PARK AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32780

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME CLARENCE ROWE  
1.3 STREET ADDRESS 418 PENNSYLVANIA AVE  
1.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE D ☐ DELETE  
NAME ARNOULT, BARBARA  
STREET ADDRESS 1234 ROYAL BIRKDALE  
CITY-ST-ZIP ROCKLEDGE FL 32955

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME 7000002738377-0  
2.3 STREET ADDRESS -01/12/99-01073-004  
2.4 CITY-ST-ZIP \*\*\*\*\*236.25 \*\*\*\*\*236.25

TITLE D ☐ DELETE  
NAME FRINK, CLEAVE  
STREET ADDRESS 3215 SOUTH REDWOOD LANE  
CITY-ST-ZIP MELBOURNE FL 32901

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME 7000002738377-0  
3.3 STREET ADDRESS -01/12/99-01073-005  
3.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D ☐ DELETE  
NAME FITZGERALD, MICHAEL  
STREET ADDRESS 2725 ST. JOHNS STREET  
CITY-ST-ZIP MELBOURNE FL 32940

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ALEXANDER, MOSE  
STREET ADDRESS POST OFFICE BOX 560119  
CITY-ST-ZIP ROCKLEDGE FL 32956

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME TRETTS, BLAISE  
STREET ADDRESS 1018-C SOUTH FLORIDA AVENUE  
CITY-ST-ZIP ROCKLEDGE FL 32955

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: *Michael Fitzgerald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/98 407-617-7390  
Date Daytime Phone #

CR2E037 (5/98)