

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90026 002 ****61.25

DOCUMENT # 702851

1. Entity Name

RELIGIOUS VACATIONS, INC.



Principal Place of Business

524 NE 16 COURT
FORT LAUDERDALE FL 33305
US

Mailing Address

524 NE 16 COURT
FORT LAUDERDALE FL 33305
US

2. Principal Place of Business

524 ne 16 court ft lauderdale, fl 33305

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6167637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, HUGH
524 NE 16 COURT
FORT LAUDERDALE FL 33305-3095

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOFFMAN, HUGH H JR.
STREET ADDRESS 524 NE 16 COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE VTD ☐ Delete
NAME HARTMAN, ESTELLE
STREET ADDRESS 301 NE 13 AV (#307)
CITY-ST-ZIP HALLANDALE FL 33009

TITLE SD ☐ Delete
NAME FOGLE, PHILIP SD
STREET ADDRESS 4020 - 58 AV NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE president & director ☐ Change ☐ Addition
NAME
STREET ADDRESS same address
CITY-ST-ZIP

TITLE vice president/treasurer ☐ Change ☐ Addition
NAME director
STREET ADDRESS
CITY-ST-ZIP

TITLE director ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: hugh h hoffman jr *hugh h hoffman jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05

954 763 8400

Date

Daytime Phone #