

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004266

FILED  
May 02, 2010  
Secretary of State

Entity Name: HOLIDAY HOOPS, INC.

**Current Principal Place of Business:**

17270 98TH PLACE NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

17270 89TH PLACE NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

17270 98TH PLACE NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

17270 89TH PLACE NORTH  
LOXAHATCHEE, FL 33470

FEI Number: 65-1114537      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HOLIDAY, WESTLEY  
17270 89TH PLACE N  
LOXAHATCHEE, FL 33470      US

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: D  
Name: SHIELDS, SHEDRICK  
Address: 969 YARDLY COURT  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D  
Name: GAFFNEY, SHERAY B  
Address: 2648 WILKINS COURT  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D  
Name: WYATT, LARRY  
Address: 517 20TH AVENUE NORTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: D  
Name: BENTLEY, JUANITA  
Address: 210 SHORE DRIVE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D  
Name: DAVIS, KENNY  
Address: 3601 COMMERCIAL BLVD. SUITE 35  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D  
Name: HOLIDAY, JUDY L  
Address: 17270 89TH PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: JUDY HOLIDAY

D

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date