

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004266

**Entity Name:** HOLIDAY HOOPS, INC.

**Current Principal Place of Business:**

17270 89TH PLACE NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

17270 89TH PLACE NORTH  
LOXAHATCHEE, FL 33470

**FEI Number:** 65-1114537

**Certificate of Status Desired:** Yes

**Name and Address of Current 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

**Officer/Director Detail :**

Title D  
Name SHIELDS, SHEDRICK  
Address 3363 DIONE STREET  
City-State-Zip: WEST MELBOURNE FL 32904

Title D  
Name HOLIDAY, FAITH  
Address 11629 SARITA COURT  
City-State-Zip: ORLANDO FL 32817

Title T  
Name HOLIDAY, WESTLEY T  
Address 598 WEST 191ST STREET  
APT 65  
City-State-Zip: NEW YORK NY 10040

Title D  
Name GAFFNEY, SHERAY  
Address 2648 WILKINS COURT  
City-State-Zip: JACKSONVILLE FL 32208

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

Title VP  
Name HOLIDAY, JUDY L  
Address 17270 89TH PLACE NORTH  
City-State-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:** WESTLEY HOLIDAY

**C.E.O.**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date