

2015 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

P

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date