

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701106**

1. Entity Name  
**THE JACK HOLLOWAY FOUNDATION, INC.**



Principal Place of Business  
**8989 S. ORANGE AVENUE  
PO BOX 593688  
ORLANDO, FL 32824-7904 US**

Mailing Address  
**8989 S. ORANGE AVENUE  
PO BOX 593688  
ORLANDO, FL 32824-7904 US**



03312004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6076468**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**EICHER, JOHN  
8989 S ORANGE AVE  
ORLANDO, FL 32824**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000124798  
04/22/04-80059-008 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST HOLLOWAY, J W 6201 MATCHETT RD ORLANDO, FL 32809</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPT BAILES, J. H. 6212 SW DARTMOOR COURT ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RICHARDSON, CAROLYN B 6112 SILVER STAR ROAD ORLANDO, FL 32808</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Jacqueline H. Baile*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/04**

Date

Daytime Phone #