


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # 701106 1. Entity Name THE JACK HOLLOWAY FOUNDATION, INC.	
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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
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01122005 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 <input type="checkbox"/>	\$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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HOLLOWAY, J W 6201 MATCHETT RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT BAILES, J. H. 6212 SW DARTMOOR COURT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDSON, CAROLYN B 6112 SILVER STAR ROAD ORLANDO, FL 32808
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)(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:  **15 January 2005** **407-823-4712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #