

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2006 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**



01182006 No Chg-NP

CR2E037 (11/05)

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

000000414346  
02/11/06-80033-023.61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN W. HOLLOWAY**

**20 Jan 2006**

Date

**407-855-474**

Daytime Phone #