


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701106**

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



Principal Place of Business <b>8989 S. ORANGE AVENUE          PO BOX 593688          ORLANDO, FL 32824-7904 US</b>	Mailing Address <b>8989 S. ORANGE AVENUE          PO BOX 593688          ORLANDO, FL 32824-7904 US</b>
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**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-6076468</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000921332  
 02/19/08-80019-023 61.25

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 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:** *John Holloway* **27 January 2008** **407.855.7622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #