

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90087 048 ****70.00

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1. Entity Name

HOLY GROUND, DELIGHTS ON WHEELS, INC.



Principal Place of Business

635 W IDA AVE
DELAND FL 32720

Mailing Address

635 W IDA AVE
DELAND FL 32720



2. Principal Place of Business

635 W. Ida
Suite, Apt. #, etc.

N/A

City & State

Deland FL

Zip
32720

Country

FLORIDA

3. Mailing Address

635 W. Ida
Suite, Apt. #, etc.

N/A

City & State

Deland FL

Zip
32720

Country

FLORIDA

1st MOORE

CR2E037 (10/04)

4. FEI Number

57-1209824

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JOAN G
635 W IDA AVE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name: WILLIE Joe Daniels (T)

Street Address (P.O. Box Number is Not Acceptable)

517 W. Beresford Ave

Deland FL

City

FL

Zip Code

32720

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

WJ Daniels

Signature, typed or printed name of registered agent and title if applicable

WILLIE JOE DANIELS

(NOTE: Registered Agent signature required when reinstating)

4/25/05

DATE

FILE NOW:-FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCOTT, JOAN G
STREET ADDRESS 635 W IDA AVE
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE S
NAME PERRY, LYNITA
STREET ADDRESS 332 NORTH ST
CITY-ST-ZIP DAYTINA BEACH FL ☐ Delete

TITLE T
NAME KELLY, EARLE
STREET ADDRESS 1336 PARADISE LN
CITY-ST-ZIP DAYTONA BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer
NAME Willie Joe Daniels ☒ Change ☐ Addition
STREET ADDRESS 517 W. Beresford Ave
CITY-ST-ZIP Deland FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joan G. Scott

Daytime Phone

386 734 8788