

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90042 009 \*\*\*\*61.25



**DOCUMENT # N06000008798**

1. Entity Name

**DOUGLAS G. HALLIDAY FOUNDATION, INC.**

Principal Place of Business

**5612 CARDER RD., #2C  
ORLANDO FL 32810**

Mailing Address

**5612 CARDER RD., #2C  
ORLANDO FL 32810**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 607010**

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

4. FEI Number

**33-1142604**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32860**

**ORANGE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

**STARK, CHARLES H  
986 DOUGLAS AVE., SUITE 100  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 transferring)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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: **D** ☐ Delete  
NAME: **HALLIDAY, DOUGLAS G**  
STREET ADDRESS: **6401 EDGEWATER DR.**  
CITY-STATE-ZIP: **ORLANDO FL 32810**

TITLE: **D** ☐ Delete  
NAME: **HALLIDAY, CHRISTOPHER**  
STREET ADDRESS: **6401 EDGEWATER DR.**  
CITY-STATE-ZIP: **ORLANDO FL 32810**

TITLE: **D** ☐ Delete  
NAME: **STARK, CHARLES H**  
STREET ADDRESS: **986 DOUGLAS AVE**  
CITY-STATE-ZIP: **ALTAMONTE SPRINGS FL 32714**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☒ Change ☐ Addition  
NAME: **HALLIDAY, DOUGLAS G.**  
STREET ADDRESS: **4050 GOLFSIDE DR.**  
CITY-STATE-ZIP: **ORLANDO, FL. 32808**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I am empowered.

**SIGNATURE: *Douglas G. Halliday*  
DOUGLAS G. HALLIDAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANUARY 20, 2007 4072974 00.1**

Date

Daytime Phone #