FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N98000002889

HOLIDAY HOPE, INC.

		-	
Principal	Place	of	Business

2. Principal Place of Business

Suite, Apt. #, etc.

330 NE 3 AVE. WILLISTON FL 32696 Mailing Address

330 NE 3 AVE. WILLISTON FL 32696

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90062 046 ****61.25

<u> </u>		l Harri Harri	- 10160 4011 4001

3. Date Incorporated or Qualifed

02/14/1997

59-3427043

4. FEI Number

City & State		City & State			5. Certifcate of Status Desired		\$8.75 Ad Fee Req	
3		28				*		
Zip	Country	Zip	· —		6. Election Campaign Financing	□ .	\$5.00 M Added to	· .
4	140;		30		Trust Fund Contribution 10. Name and Address of New	Registered :		
	9. Name and Address of Current Re	gistered Agent	8	Name	10. Name and Address of New	registered .		
	and the second s	Contract of the State	*					
LANG. FRE	D ygy-g, 45°		8	Street Add	ress (P.O. Box Number is Not Accept	able)		
330 NE 3 /	AVE.							
WILLISTON			8	5	•			
			84	4 City		FL	85 Zip Co	ode
		<u>, , , , , , , , , , , , , , , , , , , </u>					changing ite r	enistered
agent. I ar	to the provisions of Sections 617.0502 ar sgistered agent, or both, in the State of F in familiar with, and accept the obligation	s of, Section 617.0503, Flori	da Statute	s.	on's board of directors. Thereby acce	pt the appoi	ntment as regi	stered i
	Signature, typed or printed name of registered agent and		13.	eut skhistnie iedolie	ADDITIONS/CHANGES TO O	FICERS AN	D DIRECTOR	S IN 12
12.	OFFICERS AND D	DELETE	1.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition
TITLE	D LANC EDEO		1.2 NAME					
	LANG, FRED			ET ADDRESS			•	
STREET ADDRESS	330 NE 3 AVE.		1.4 CITY-					
CITY-ST-ZIP	WILLISTON FL 32696	DELETE	2.1 TITLE				Change	Addition
TITLE	D DAT		2.2 NAME	!				
NAME	ALEXANDER, PAT		1	ET ADDRESS		•		
STREET ADDRESS	6151 SE 150 AVE.		2.4 CITY					•
CITY-ST-ZIP	MORRISTON FL 32668	☐ DELETE	3.1 TFTLE				Change	Addition
TITLE	D SAN SAN	[3.2 NAMI					ì
	BAIN, JEAN			ET ADDRESS				
	16030 NE 3 PL		3.4. CITY					
CITY-ST-ZIP:	WILLISTON FL 32696	☐ DELETE	4,1 TITLE		· · ·		Change	Addition
TITLE	D	- Deceir	4.1 III L					en 195, 19
NAME NE O FOR	MARSHALL, MARLENE	* *		ET ADDRESS				
STREET ADDRESS	1			ľ	4		经保护证券条	유리점
CITY-ST-ZIP	WILLISTON FL 32696	. DELETE	4.4 CITY 5.1 TITLE				Change	Addition
TITLE	D .		5.2 NAM					
NAMÉ	JONES, DEBRA			ET ADORESS				
STREET ADDRESS	1 (1)			-ST-ZIP				
CITY-ST-ZIP	WILLISTON FL 32696	□ DELETE	6.1 TITU				☐ Change	Addition
TITLE	339 15 1 V. 4	_ 5555.5	6.2 NAM	E !				
NAME	Mark Company			EET ADDRESS				
STREET ADDRESS	1 33		64 CITY	-ST-ZIP				
CITY-ST-ZIP	certify that the information supplied with	his filing does not qualify for	the exem	ption stated in	Section 119.07(3)(i), Florida Statutes	s. I further ce	rtify that the ir	nformation

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE REQUIRED

Applied For

\$8.75 Additional

Not Applicable