2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State
08-30-2004 90005 001 ****61.25

DOCUMENT # N98000002889

1. Entity Name
HOLIDAY HOPE, INC.

Principal Place of Business	Mailing Address
18225 NW 160 AVE WILLISTON, FL 32696	18225 NW 160 AVE WILLISTON, FL 32696

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3427043
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EGAN, GREG
18225 NW 160 AVE
WILLISTON, FL 32696

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 Greg Egan Greg Egan 8/3/04
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 September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, PAT 6151 SE 150 AVE. MORRISTON, FL 32668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Johnnie Alexander 18650 NE 75th St Williston FL 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EGAN, GREG 18225 NW 160 AVE WILLISTON, FL 32696	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Demita Anderson 18051 NW 160th Ave Williston FL 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHIELDS, JOHN 14495 NW HWY 225 REDDICK, FL 32686	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES, DEBRA 852 NW 2 AVE WILLISTON, FL 32696	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAW, KIM 1891 NW CR 318 CITRA, FL 32113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYNE, RALPH 11331 NW 20TH STREET OCALA, FL 34482	☒ Delete	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: Greg Egan Greg Egan 8/3/04 352-375-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #