

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002889

FILED
Jan 05, 2006
Secretary of State

Entity Name: HOLIDAY HOPE, INC.

Current Principal Place of Business:

18225 NW 160 AVE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

18225 NW 160 AVE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3427043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGAN, GREG
18225 NW 160 AVE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAIN, JEAN
Address: 16030 NORTHEAST 3RD PLACE
City-St-Zip: WILLISTON, FL 32696

Title: P () Delete
Name: EGAN, GREG
Address: 18225 NW 160 AVE
City-St-Zip: WILLISTON, FL 32696

Title: V () Delete
Name: SHIELDS, JOHN
Address: 14495 NW HWY 225
City-St-Zip: REDDICK, FL 32686

Title: T () Delete
Name: JONES, DEBRA
Address: 547 NORTHWEST 2ND AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: LAW, KIM
Address: 4144 NORTHWEST 152ND STREET
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: ANDERSON, DEMITA
Address: 18051 NW 160TH AVE
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG EGAN

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date