

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011007

Entity Name: DOUG HOLLIDAY MINISTRIES, INC.**Current Principal Place of Business:**367 PUTNAM LANE
LAKE MARY, FL 32746**Current Mailing Address:**367 PUTNAM LANE
LAKE MARY, FL 32746**FEI Number:** 26-3883920**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLIDAY, ROBERT D
367 PUTNAM LANE
LAKE MARY, FL 32746 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name HOLLIDAY, ROBERT D
Address 367 PUTNAM LANE
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name SHAFER, JEFFREY
Address 2241 LAFAYETTE AVE
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY, DIRECTOR
Name HOLLIDAY, JENNIFER
Address 367 PUTNAM LANE
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name ARNOLD, MATT
Address 364 PUTNAM LANE
City-State-Zip: LAKE MARY FL 32746

Title TREASURER, DIRECTOR
Name BURKETT, RON
Address 260 MEADOW BEAUTY TERRACE
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name WALSH, GERALD
Address 23521 OAK PRAIRIE CIRCLE
City-State-Zip: SORRENTO FL 32776

Title DIRECTOR
Name MCGUIRE, ROBERT
Address 6893 HIDDEN GLADE PL
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name FRENCH, STEVE
Address 379 PUTNAM LANE
City-State-Zip: LAKE MARY FL 32746

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D HOLLIDAY

PRESIDENT

01/30/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CRAIN, JODY
Address 395 PINE SPRINGS DR
City-State-Zip: DEBARY FL 32713

Title DIRECTOR
Name DORSEY, TODD
Address 876 ASHTON OAKS CR
City-State-Zip: LAKELAND FL 33813