I hereby certify that the information indicated on this report or supplemental report is true and accurate	ate and that my electronic signature shall have the sai	me legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execu	ute this report as required by Chapter 617, Florida Sta	atutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE [,] CYNTHIA HOLLOWAY	OFFICER	04/16/2014

SIGNATURE: CYNTHIA HOLLOWAY

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

0

Title	Р	Title	VP
Name	HOLLOWAY, CYNTHIA	Name	NICHOLSON, MARY P
Address	701 E. WASHINGTON ST.	Address	701 E. WASHINGTON ST.
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	HOLLOWAY, CYNTHIA	Name	NICHOLSON, MARY P		

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.

DOCUMENT# N11000006577

Entity Name: MICHAEL NICHOLSON - THE ROAD TO RECOVERY FUND, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

701 E. WASHINGTON ST. TAMPA, FL 33602

Current Mailing Address:

701 E. WASHINGTON ST. TAMPA, FL 33602

FEI Number: 45-2731460

Name and Address of Current Registered Agent:

HOLLOWAY, CYNTHIA 701 E. WASHINGTON ST. TAMPA, FL 33602 US

Date

Certificate of Status Desired: No

Date

OFFICER