

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005119

**Entity Name:** HOLIDAY ROTARY ENDOWMENT FUND, INC.

**Current Principal Place of Business:**

5228 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5228 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-3393304

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOTHERSHEAD, KELLY  
1817 CYPRESS BROOK DR  
SUITE 105  
TRINITY, FL 34655 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:** KELLY MOTHERSHEAD

07/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MEMBER  
Name MOTHERSHEAD, KELLY  
Address PO BOX 3663  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name MANSFIELD, DECLAN  
Address PO BOX 3663  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name COX, MICHAEL  
Address PO BOX 3663  
City-State-Zip: HOLIDAY FL 34690

Title SECRETARY  
Name BASAK, JACQUELINE A  
Address PO BOX 3663  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name COOK, ANGEL  
Address PO BOX 3663  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name WALES, DREW  
Address PO BOX 3663  
City-State-Zip: HOLIDAY FL 34690

Title TREASURER  
Name SCOTT, WAYNE  
Address PO BOX 3663  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name SMITH, MARTY  
Address PO BOX 3663  
City-State-Zip: HOLIDAY FL 34690

**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:** KELLY MOTHERSHEAD

CHAIR

07/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Payment Receipt Confirmation**

Your payment was successfully processed.

**Transaction Summary**

Description	Receipt Confirmation	
	Amount	
		\$61.25
Total Amount Paid		\$61.25

**Customer Information**

<b>Customer Name</b>	Erin Meyer	<b>Receipt Date</b>	7/19/2023
<b>Local Reference ID</b>	5935732062CC N96000005119	<b>Receipt Time</b>	04:35:27 PM EDT

**Payment Information**

<b>Payment Type</b>	Credit Card	<b>Credit Card Number</b>	*****6648
<b>Credit Card Type</b>	AMEX	<b>Order ID</b>	54701986

**Billing Information**

<b>Billing Address</b>	11503 Prosperous Dr	<b>Phone Number</b>	8139291122
<b>Billing City, State</b>	Odesa, FL	<b>This receipt has been emailed to the address below.</b>	
<b>ZIP/Postal Code</b>	33556	<b>Email Address</b>	erin@gatorcleaningsolutions.com
<b>Country</b>	US		