

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003750

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE NATIONAL HOLIDAY FUND OF THE UNITED STATES, INC.

Current Principal Place of Business:

8320 LAKESHORE DRIVE
YALAH, FL 34797 US

New Principal Place of Business:

Current Mailing Address:

C/O APTRONICS
P. O. BOX 895069
LEESBURG, FL 34789 US

New Mailing Address:

P.O. BOX 56
YALAH, FL 34797 US

FEI Number: 30-0084472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNEIS, ANDREW L
34704 RADIO ROAD
LEESBURG, FL 34788 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: CDT () Delete
Name: HADDOW, MALCOLM
Address: 8320 LAKESHORE DRIVE
City-St-Zip: YALAH, FL 34797

Title: D () Delete
Name: BRENNEIS, ANDREW L
Address: 34704 RADIO ROAD
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: PITTS, MARY E
Address: 7306 BRIARLYN COURT
City-St-Zip: ORLANDO, FL 32818

Title: P () Delete
Name: VERNON, DAVID A
Address: 523 OAKPOINT CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: DS () Delete
Name: LUEBCKE, HOLLY C
Address: 8305 LAKESHORE DRIVE
City-St-Zip: YALAH, FL 34797

Title: DVC () Delete
Name: LUEBCKE, JAMES W
Address: 8305 LAKESHORE DRIVE
City-St-Zip: YALAH, FL 34797

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: HADDOW, MALCOLM
Address: 8320 LAKESHORE DRIVE
City-St-Zip: YALAH, FL 34797

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: DST (X) Change () Addition
Name: LUEBCKE, HOLLY C
Address: 8305 LAKESHORE DRIVE
City-St-Zip: YALAH, FL 34797

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

I hereby certify that the information supplied with this filing does not qualify 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: MALCOLM HADDOW

CD

03/20/2009

Electronic Signature of Signing Officer or Director

Date