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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 848514 (6)
1. Corporation Name
THE HOLIDAY PROJECT, INC.



Principal Place of Business: 2029 VISTA LANE, PETALUMA CA 94954, US
Mailing Address: 2029 VISTA LANE, PETALUMA CA 94954-3839, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2029 VISTA LANE		26 2029 VISTA LANE		03/16/1981		06/22/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		94-2681732		Not Applicable	
24 94954		25 USA		29 94954		30 USA	
24 94954		25 USA		29 94954		30 USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COONEY, SALLY 2809 28TH LANE GREENACRES FL 33463				61 Name			
				62 Street Address (P.O. Box Number is Not Acceptable)			
				63			
				64 City			
				FL		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDOW, JOAN	1.2 NAME	
STREET ADDRESS	2029 VISTA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PETALUMA CA 94954	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, SALLYTTA	2.2 NAME	
STREET ADDRESS	2109 21ST LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	S/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, BEV	3.2 NAME	
STREET ADDRESS	2905 CAROLINA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA 95061	3.4 CITY-ST-ZIP	
TITLE	VP/T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWIST, BILL	4.2 NAME	
STREET ADDRESS	3 FIFTH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, DIANNE	5.2 NAME	
STREET ADDRESS	48 MARION AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAUSALITO CA	5.4 CITY-ST-ZIP	
TITLE	VP/T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, TOM	6.2 NAME	
STREET ADDRESS	1675 BROADWAY ST. 1000	6.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80202	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (NOTE: Registered Agent signature required) 3/24/97 (703) 591-5280

CR2E037 (9/96)