

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003750

FILED  
Mar 04, 2012  
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:**

P.O. BOX 56  
YALAH, FL 34797 US

**New Mailing Address:**

**FEI Number:** 30-0084472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUEBCKE, HOLLY C  
8305 LAKESHORE DRIVE  
YALAH, FL 34797 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: CD  
Name: HADDOW, MALCOLM  
Address: 8320 LAKESHORE DRIVE  
City-St-Zip: YALAH, FL 34797

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

Title: D  
Name: VERNON, JACKIE  
Address: 523 OAKPOINT CIRCLE  
City-St-Zip: DAVENPORT, FL 33837

Title: PCEO  
Name: VERNON, DAVID A  
Address: 523 OAKPOINT CIRCLE  
City-St-Zip: DAVENPORT, FL 33837

Title: DST  
Name: LUEBCKE, HOLLY C  
Address: 8305 LAKESHORE DRIVE  
City-St-Zip: YALAH, FL 34797

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

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: HOLLY LUEBCKE

DST

03/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date