

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24294

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOLIDAY TRUST, INC.

Current Principal Place of Business:

13641 FRIENDSHIP LANE
ODESSA, FL 335566359

New Principal Place of Business:

Current Mailing Address:

13641 FRIENDSHIP LANE
ODESSA, FL 335566359

New Mailing Address:

FEI Number: 59-6865583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CHARLES C
13924 FRIENDSHIP LANE
ODESSA, FL 33556 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: D () Delete
Name: MILLER, AURELIA
Address: 1652 BEACHWAY LANE
City-St-Zip: ODESSA, FL 33556

Title: SD () Delete
Name: HAAF, JAMES
Address: 13927 FRIENDSHIP LANE
City-St-Zip: ODESSA, FL 33556

Title: PD () Delete
Name: KING, BRYANT
Address: 1777 BEACHWAY LN
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: MOORE, CHARLES,
Address: 13924 FRIENDSHIP LANE
City-St-Zip: ODESSA, FL

Title: VD () Delete
Name: ALLAND, JOHN C
Address: 13937 FRIENDSHIP LANE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHARLES C. MOORE

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date