FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

710631

(3)

HALIFAX HUMANE SOCIETY, INC.

| FILED |
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| May 12 1998 8:00am |
| Secretary of State |

| Principal Place of Business Mailing | | Mailing Address | | T LOBINI COORT SIGHT OOTID BIIDE AIMS FLOT OLDIS DIGHT DEDIT OLDIS OFGIT SIGHT SIGHT | |
|--|--|---|-----------------------------------|--|--|
| 2364 W.L.P.G.A. BLVD DAYTONA BEACH FL 32120 US | | 2364 W. ELEVENTH ST. P.O. BOX 9035 DAYTONA BEACH FL 32120 | | 3. Date Incorporated or Qualified 03/29/1966 4. FEI Number Applied For | |
| | | | | 59-0530990 Not Applicable | |
| | | 2a. Mailing Address 26 | | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution | |
| City & State | | City & State | | 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 25 Summer of Summer | 29 3 | 0 | Personal Property Tax due June 30. Yes No | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name | | | | | |
| NOT MALEO | | | | Additional (D.O. Doublinghas in Mark Association) | |
| | 2364 W LPGA BLVD | | | Address (P.O. Box Number is Not Acceptable) | |
| DAYTONA BEACH FL 32120 | | | | | |
| | | | 84 City | FL 85 Zip Code | |
| 11. Pursuant | to the frovisions of Sections 917.0502 | 2 and 617.1508, Florida Statutes | , the above-named | corporation submits this statement for the purpose of changing its registered | |
| 11. Pursuant to the frovisions of Sections 917.0502 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 familian with and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | |
| SIGNATURE | 1 11/1/1/ | F. A. 7/ | ones N | 3/1/78 | |
| 12. | Signature, typod or printed name of registered ager OFFICERS AND | | Registered Agent signature | required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | I SD | DELETE | 1.1 TITLE | 3 / G | |
| NAME | STINCHCOMB, JAMES W | | 1.2 NAME | DUVAL, MARIA 226 RIVER Beach DR. | |
| STREET ADDRESS | 23 CARLSON LANE | | 1.3 STREET ADDRESS | 226 RIVER BEACH DR. | |
| CITY-ST-ZIP | PALM COAST FL | | 1.4 CITY-ST-ZIP | ORMOND BEACH, FL | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | Change Addition | |
| 1711 | MACLAUGHLAN, ROBERT E | | 2.2 NAME | | |
| STREET ADDRESS | 1032 SHOCKNEY RD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | ORMOND BEACH FL | M DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | ☐ Change ☐ Addition | |
| NAME | HALLMAN, MICHAEL ANN | P. DECERC | 3.2 NAME | | |
| STREET ADDRESS | 209 RIVER BLUFF DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | 10 | DELETE | 4.1 TITLE | Change Addition | |
| NAME | PRUITT, ELLEN | | 4. 2 NAME | | |
| STREET ADDRESS | 1110 SHERBOURNE WAY | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BCH FL | D DOLOTE | 4.4 CITY-ST-ZIP | Obacca D Addition | |
| TITLE | VD Motley, M | ☐ DÉLETE | 5.1 TITLE | Change Addition | |
| NAME Street address | 64 BIG BUCK TRAIL | | 5.2 NAME 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | PD | DELETE | 6.1 TITLE | Change Addition | |
| NAME | CULLER, PATRICIA A. | | 6.2 NAME | | |
| STREET ADDRESS | 3\$T MARK CIRCLE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL | | 6.4 CITY-ST-ZIP | | |
| 14. I 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 eath; 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. | | | | | |