

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JAN 31 AM 10:13

**DOCUMENT # N06783 (7)**

1. Corporation Name  
**HALIFAX HOSPICE, INC.**

Principal Place of Business C/O WILLIAM J. GRIFFIN 655 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114	Mailing Address C/O WILLIAM J. GRIFFIN 655 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1984	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2661284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**DAVIDSON, DAVID J.  
 303 N. CLYDE MORRIS BLVD  
 DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCDONALD, REBECCA
STREET ADDRESS	3051 S. ATLANTIC AVE
CITY- ST- ZIP	DAYTONA BEACH SHORES FL
TITLE	VD
NAME	GRIFFIN, WILLIAM J.
STREET ADDRESS	6193 SHORELINE DR
CITY- ST- ZIP	PORT ORANGE FL
TITLE	STD
NAME	ROUSIS, GEORGE M.
STREET ADDRESS	701 ICHABOD COURT
CITY- ST- ZIP	PORT ORANGE FL
TITLE	D
NAME	DAVIS, DOUG
STREET ADDRESS	901 6TH ST
CITY- ST- ZIP	DAYTONA BEACH FL
TITLE	D
NAME	PECK, EDWIN JR.
STREET ADDRESS	2425 S. ATLANTIC AVE
CITY- ST- ZIP	DAYTONA BEACH FL
TITLE	D
NAME	BAUMEIER, SALLY
STREET ADDRESS	81 WILDWOOD AVENUE
CITY- ST- ZIP	ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 appointed to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a checkmark.

SIGNATURE: Rebecca McDonald 1/26/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime/Evening #