

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06783 (7)
1. Corporation Name
HALIFAX HOSPICE, INC.



Principal Place of Business Mailing Address
**C/O WILLIAM J. GRIFFIN
655 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified **12/21/1984** 3a. Date of Last Report **01/31/1995**
4. FEI Number **59-2661284** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1 1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, REBECCA	1 2 NAME	HARLEY, DEBORAH
STREET ADDRESS	3051 S. ATLANTIC AVE	1 3 STREET ADDRESS	3800 WOODBRIAR TRAIL
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	1 4 CITY-ST-ZIP	PORT ORANGE, FL
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, WILLIAM J.	2 2 NAME	
STREET ADDRESS	6193 SHORELINE DR	2 3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2 4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSIS, GEORGE M.	3 2 NAME	
STREET ADDRESS	701 ICHABOD COURT	3 3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOUG	4 2 NAME	
STREET ADDRESS	901 6TH ST	4 3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, EDWIN JR.	5 2 NAME	
STREET ADDRESS	2425 S. ATLANTIC AVE	5 3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMEIER, SALLY	6 2 NAME	
STREET ADDRESS	81 WILDWOOD AVENUE	6 3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	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)(k), 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: *Deborah Harley* 1/31/96 (904) 322-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)