


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06783 (7)
1. Corporation Name
HALIFAX HOSPICE, INC.



Principal Place of Business 3800 WOODBRIAR TRAIL PORT ORANGE FL 32119	Mailing Address 303 N. CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114-2709
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3. Date Incorporated or Qualified 12/21/1984	
4. FEI Number 59-2661284	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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**3800 Woodbriar Tr.
PORT ORANGE, FL
32119**

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HARLEY, DEBORAH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3800 WOODBRIAR TRAIL	1.2 NAME	
STREET ADDRESS	PORT ORANGE FL 32119	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GRIFFIN, WILLIAM J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6193 SHORELINE DR	2.2 NAME	
STREET ADDRESS	PORT ORANGE FL 32119	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD ROUSIS, GEORGE M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	104 S. BEACH STREET	3.2 NAME	
STREET ADDRESS	ORMOND BEACH FL 32174	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DAVIS, DOUG	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	901 6TH ST	4.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL 32114	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PECK, EDWIN W JR.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2425 S. ATLANTIC AVE	5.2 NAME	
STREET ADDRESS	DAYTONA BEACH SHORES FL 32118	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BAUMEIER, SALLY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	81 WILDWOOD AVENUE	6.2 NAME	
STREET ADDRESS	ORMOND BEACH FL 32174	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 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* 1/9/98 (904) 322-4701

CF2E037 (10/97)