



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90179 050 ****61.25

DOCUMENT # N06783					
1. Entity Name HALIFAX HOSPICE, INC.					
Principal Place of Business 3800 WOODBRIAR TRAIL PORT ORANGE, FL 32119 US			Mailing Address 303 N. CLYDE MORRIS BLVD. ATTN: LEGAL DEPT. DAYTONA BEACH, FL 32114 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2661284	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DAVIDSON, DAVID J. 303 N. CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAVIS, FRAN	NAME	Cloar, Vivi		
STREET ADDRESS	3800 WOODBRIAR TRAIL	STREET ADDRESS	360 John Anderson Drive		
CITY-ST-ZIP	PORT ORANGE, FL 32119	CITY-ST-ZIP	Ormond Beach, FL 32176		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRIFFIN, WILLIAM J	NAME	Grasso, Francis		
STREET ADDRESS	6193 SHORELINE DR	STREET ADDRESS	2002 Dune Circle		
CITY-ST-ZIP	PORT ORANGE, FL 32119	CITY-ST-ZIP	New Smyrna Beach, FL 32169		
TITLE	STD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROUSIS, GEORGE M	NAME	Moore, Ann		
STREET ADDRESS	104 S. BEACH STREET	STREET ADDRESS	501 Beville Road		
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	Daytona Beach, FL 32114		
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAVIS, DOUG	NAME	Smith, Alvin		
STREET ADDRESS	238 QUAY ASSISI	STREET ADDRESS	2032 John Anderson Drive		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	CITY-ST-ZIP	Ormond Beach, FL 32176		
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HUDOME, ELSIE	NAME	Williams, Lisa Ford		
STREET ADDRESS	3800 WOODBRIAR TRAIL	STREET ADDRESS	509 W. New York Avenue		
CITY-ST-ZIP	PORT ORANGE, FL 32129	CITY-ST-ZIP	DeLand, FL 32720		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	DEPARRY, ASTRID	NAME			
STREET ADDRESS	107 EAST CHURCH STREET	STREET ADDRESS			
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  William J. Griffin				4/11/07 (386) 254-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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