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 # N33681 (0)

1. Corporation Name

HALIFAX DISTRICT OF THE FLORIDA ENVIRONMENTAL HE ALTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
340-B E. NEW YORK AVENUE DELAND FL 32724 US	340-B E. NEW YORK AVE. DELAND FL 32724 US

3. Date Incorporated or Qualified: 08/09/1989
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 1360 S. Woodland Blvd.	26 1360 S. Woodland Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Deland, Florida	28 City & State: Deland, Florida
24 Zip: 32720-7731 25 Country: US	29 Zip: 32720-7731 30 Country: US

4. FEI Number: 59-2963085 ☐ 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

9. Name and Address of Current Registered Agent

MCRAE, JAMES
340-B E NEW YORK AVENUE
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name: James McRae
82 Street Address (P.O. Box Number is Not Acceptable): 1360 S. Woodland Blvd.
83
84 City: Deland FL 85 Zip Code: 32720

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: James McRae James McRae 1-22-96
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	CD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	DODSON, RONALD		1.2 NAME	Timothy Wallace	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD		1.3 STREET ADDRESS	501 S. Clyde Morris	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	Daytona Beach, Fl	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHELBE, CHARLES		2.2 NAME	Edward Williams	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD		2.3 STREET ADDRESS	501 S. Clyde Morris	
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP	Daytona Beach, Fl	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	VANDERLOGT, WILLIAM		3.2 NAME	Jennifer Williams	
STREET ADDRESS	340-B E NEW YORK		3.3 STREET ADDRESS	1360 S. Woodland Blvd	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP	Deland, Fl 32720-7731	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	FAIRCLOTH, LEE		4.2 NAME	Charles Schelble	
STREET ADDRESS	340-B EAST NEW YORK AVE		4.3 STREET ADDRESS	501 S. Clyde Morris	
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP	Daytona Beach, Fl	
TITLE	D	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	JEXSE;;. ¢AI;		5.2 NAME	James McRae	
STREET ADDRESS	340 B E. NEW YORK		5.3 STREET ADDRESS	1360 S. Woodland Blvd	
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP	Deland, Fl 32720-7731	
TITLE	D	☐ DELETE	6.1 TITLE	D Lee Faircloth	☒ Change ☐ Addition
NAME	WALLACE, TIM		6.2 NAME	501 S Clyde Morris	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON BEACH FL		6.4 CITY-ST-ZIP	Daytona Beach Fl [illegible] 32114	

CR2E037 (12/95)

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: James McRae James McRae 1-22-96 (904) 822-6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #