

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N33681** (0)

1. Corporation Name

HALIFAX DISTRICT OF THE FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

Principal Place of Business

**1360 S WOODLAND BLVD
DELAND FL 32720-7731
US**

Mailing Address

**1360 S WOODLAND BLVD.
DELAND FL 32720-7731
US**3. Date Incorporated or Qualified
08/09/19893a. Date of Last Report
02/07/1996

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** Country4. FEI Number
59-2963085Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MORAE, JAMES
1360 S WOODLAND BLVD.
DELAND FL 32720**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE
NAME **WALLACE, TIMOTHY**
STREET ADDRESS **501 S CLYDE MORRIS**
CITY-ST-ZIP **DAYTONA BEACH FL**TITLE **VD** ☒ DELETE
NAME **WILLIAMS, EDWARD**
STREET ADDRESS **501 S CLYDE MORRIS**
CITY-ST-ZIP **DAYTONA BEACH FL**TITLE **SD** ☒ DELETE
NAME **WILLIAMS, JENNIFER**
STREET ADDRESS **1360 S WOODLAND BLVD**
CITY-ST-ZIP **DELAND FL**TITLE **D** ☒ DELETE
NAME **SCHLEBLE, CHARLES**
STREET ADDRESS **401 S CLYDE MORRIS**
CITY-ST-ZIP **DAYTONA BEACH FL**TITLE **TD** ☐ DELETE
NAME **MORAE, JAMES**
STREET ADDRESS **1360 S WOODLAND BLVD**
CITY-ST-ZIP **DELAND FL**TITLE **D** ☒ DELETE
NAME **FAIRCLOTH, LEE**
STREET ADDRESS **501 S. CLYDE MORRIS BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☐ Change ☐ Addition
1.2 NAME **Schleble, Charles**
1.3 STREET ADDRESS **501 S. Clyde Morris**
1.4 CITY-ST-ZIP **Daytona Beach, FL**2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME **Edward Williams**
2.3 STREET ADDRESS **501 S. Clyde Morris**
2.4 CITY-ST-ZIP **Daytona Beach, FL**3.1 TITLE **D** ☐ Change ☐ Addition
3.2 NAME **Jennifer Williams**
3.3 STREET ADDRESS **1360 S. Woodland Blvd**
3.4 CITY-ST-ZIP **Deland, Florida 32720**4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **Ronald Dodson**
4.3 STREET ADDRESS **501 S. Clyde Morris**
4.4 CITY-ST-ZIP **Daytona Beach FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE **SD** ☐ Change ☐ Addition
6.2 NAME **Jack Towle**
6.3 STREET ADDRESS **501 S. Clyde Morris**
6.4 CITY-ST-ZIP **Daytona Beach, FL**

14. I do 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:

James P. Morae
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

904 822-6242

Date

Daytime Phone # 0013409

CR2E037 (9/96)