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

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DOCUMENT # **N93000004237 (4)**

1. Corporation Name

HALIFAX HEALTHY FAMILIES CORPORATION

Principal Place of Business	Mailing Address
303 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	303 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified: **09/15/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: **59-3216270** ☐ 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

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

12. SEE ATTACHED — OFFICERS AND DIRECTORS

			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHAEFFER, DEE 303 NORTH CLYDE MORRIS DAYTONA BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D SCHAEFFER, DEE 303 NORTH CLYDE MORRIS DAYTONA BEACH, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REESE, HARRY 303 NORTH CLYDE MORRIS DAYTONA BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PHILLIPS, TODD 303 N. CLYDE MORRIS DAYTONA BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P PHILLIPS, TODD 303 NORTH CLYDE MORRIS DAYTONA BEACH, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PECK, ED 303 NORTH CLYDE MORRIS DAYTONA BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONIATOWSKI, BILL 200 NORTH CLARA AVENUE DELAND FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, FRED 200 NORTH CLARA AVENUE DELAND FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP MILLER, FRED 200 NORTH CLARA AVENUE DELAND, FL	☒ Change ☐ Addition

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: _____ 1/31/96 (904) 258-4983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Deanna M. Schaeffer, Secretary

CR2E037 (12/95)

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HALIFAX HEALTHY FAMILIES CORPORATION

ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	D	DELETE	TITLE	D	ADDITION
NAME	KOWAL, JOAN		NAME	CORNETT, TAVOR	
ADDRESS	200 N. CLARA AVE.		ADDRESS	500 E. NEW YORK AVE.	
CITY/ST/ZIP	DELAND, FL 32721		CITY/ST/ZIP	DELAND, FL 32724	
TITLE	D	DELETE	TITLE	D	ADDITION
NAME	ATKINSON, JUNE MD		NAME	HAYNIE, GAYLA	
ADDRESS	501 S. CLYDE MORRIS		ADDRESS	1835 ST. CHARLES TERRACE	
CITY/ST/ZIP	DAYTONA BCH, FL 32114		CITY/ST/ZIP	DELAND, FL 32720	
TITLE	D		TITLE	D	CHANGE
NAME	CHOPRA, NINA MD		NAME	CHOPRA, NEENA MD	
ADDRESS	303 N. CLYDE MORRIS		ADDRESS	303 N. CLYDE MORRIS	
CITY/ST/ZIP	DAYTONA BCH, FL 32114		CITY/ST/ZIP	DAYTONA BCH, FL 32114	
TITLE	D	DELETE	TITLE	D	ADDITION
NAME	FREEDMAN, STEVE MD		NAME	LEWIS, ARVIN	
ADDRESS	5700 SW 34TH ST.		ADDRESS	401 PALMETTO STREET	
CITY/ST/ZIP	GAINESVILLE, FL 32608		CITY/ST/ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	DELETE	TITLE	D	ADDITION
NAME	MILLER, STEVE		NAME	EVANS, JOHN	
ADDRESS	200 N. CLARA AVE.		ADDRESS	303 N. CLYDE MORRIS BLVD.	
CITY/ST/ZIP	DELAND, FL 32721		CITY/ST/ZIP	DAYTONA BEACH, FL 32114	
TITLE	D		TITLE	D	ADDITION
NAME	FOSTER, JIM		NAME	BLANNETT, KATHY	
ADDRESS	401 PALMETTO AVE.		ADDRESS	303 N. CLYDE MORRIS BLVD.	
CITY/ST/ZIP	NEW SMYRNA BCH, FL		CITY/ST/ZIP	DAYTONA BEACH, FL 32114	
TITLE	D		TITLE	D	ADDITION
NAME	MOORE, FREDDYE		NAME	LEWIS, ARVIN	
ADDRESS	575 FREEMONT AVE.		ADDRESS	401 PALMETTO STREET	
CITY/ST/ZIP	DAYTONA BCH, FL 32114		CITY/ST/ZIP	NEW SMYRNA BCH, FL 32168	

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12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE NAME ADDRESS CITY/ST/ZIP			TITLE NAME ADDRESS CITY/ST/ZIP	D MENTZER, WALTER 245 E. NEW YORK AVE. DELAND, FL 32724	ADDITION
TITLE NAME ADDRESS CITY/ST/ZIP			TITLE NAME ADDRESS CITY/ST/ZIP		
TITLE NAME ADDRESS CITY/ST/ZIP			TITLE NAME ADDRESS CITY/ST/ZIP		
TITLE NAME ADDRESS CITY/ST/ZIP			TITLE NAME ADDRESS CITY/ST/ZIP		
TITLE NAME ADDRESS CITY/ST/ZIP			TITLE NAME ADDRESS CITY/ST/ZIP		