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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32114-2709

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 04/24/1996

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

2a. Mailing Address — 26: 303 N. Clyde Morris Blvd.
Suite, Apt. #, etc. — 27: Attn: General Counsel
City & State — 28: Daytona Beach, FL
Zip — 29: 32114 Country — 30: US

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

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

CR2E037 (9/96)

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: SIGNATURE REQUIRED Harry Reese, Treasurer 4/21/97 (904)254-4278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0001885

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ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	D		TITLE		
NAME	LEWIS, ARVIN		NAME		
ADDRESS	401 PALMETTO STREET		ADDRESS		
CITY/ST/ZIP	NEW SMYRNA BEACH, FL 32168		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	EVANS, JOHN		NAME		
ADDRESS	303 N. CLYDE MORRIS BLVD.		ADDRESS		
CITY/ST/ZIP	DAYTONA BEACH, FL 32114		CITY/ST/ZIP		
TITLE	D		TITLE		CHANGE
NAME	CHOPRA, NINA MD		NAME	CHOPRA, NEENA, M.D.	
ADDRESS	303 N. CLYDE MORRIS		ADDRESS	633 DUNLAWTON BLVD.	
CITY/ST/ZIP	DAYTONA BCH, FL 32114		CITY/ST/ZIP	PORT ORANGE, FL 32119	
TITLE	D		TITLE		
NAME	BLANNETT, KATHY		NAME		
ADDRESS	303 N. CLYDE MORRIS BLVD.		ADDRESS		
CITY/ST/ZIP	DAYTONA BEACH, FL 32114		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	MENTZER, WALTER		NAME		
ADDRESS	245 E. NEW YORK AVE.		ADDRESS		
CITY/ST/ZIP	DELAND, FL 32724		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	FOSTER, JIM		NAME	FOSTER, JAMES R.	CHANGE
ADDRESS	401 PALMETTO AVE,		ADDRESS		
CITY/ST/ZIP	NEW SMYRNA BCH, FL		CITY/ST/ZIP		

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12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	D		TITLE		
NAME	MOORE, FREDDYE		NAME		
ADDRESS	575 FREEMONT AVE.		ADDRESS		
CITY/ST/ZIP	DAYTONA BCH, FL 32114		CITY/ST/ZIP		