

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 19 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000004237 (4)**  
 1. Corporation Name  
**HALIFAX HEALTHY FAMILIES CORPORATION**



Principal Place of Business <b>303 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114</b>	Mailing Address <b>303 N. CLYDE MORRIS BLVD ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114 US</b>
--	--

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

4. FEI Number <b>59-3216270</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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. OFFICERS AND DIRECTORS	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>SCHAEFFER, DEE</b>	
STREET ADDRESS <b>303 NORTH CLYDE MORRIS</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>REESE, HARRY</b>	
STREET ADDRESS <b>303 NORTH CLYDE MORRIS</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PHILLIPS, TODD</b>	
STREET ADDRESS <b>303 N. CLYDE MORRIS</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>PECK, EDWIN W. J</b>	
STREET ADDRESS <b>303 NORTH CLYDE MORRIS</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PONIATOWSKI, BILL</b>	
STREET ADDRESS <b>200 NORTH CLARA AVENUE</b>	
CITY-ST-ZIP <b>DELAND FL</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>MILLER, FRED</b>	
STREET ADDRESS <b>200 NORTH CLARA AVENUE</b>	
CITY-ST-ZIP <b>DELAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>SCHAEFFER, DEE</b>	
1.3 STREET ADDRESS <b>655 N. CLYDE MORRIS BLVD.</b>	
1.4 CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>REES, RON</b>	
2.3 STREET ADDRESS <b>2906 RIVERPOINT DRIVE</b>	
2.4 CITY-ST-ZIP <b>DAYTONA BEACH, FL</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>AUBREY LUNSFORD</b>	
3.3 STREET ADDRESS <b>121 VIA CAPRI</b>	
3.4 CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL</b>	
4.1 TITLE <b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>PECK, EDWIN W. JR.</b>	
4.3 STREET ADDRESS <b>303 N. CLYDE MORRIS BLVD.</b>	
4.4 CITY-ST-ZIP <b>DAYTONA BEACH, FL</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>LEONARD, KATHEY</b>	
5.3 STREET ADDRESS <b>401 PALMETTO ST.</b>	
5.4 CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL</b>	
6.1 TITLE <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>MILLER, FRED</b>	
6.3 STREET ADDRESS <b>200 NORTH CLARA AVENUE</b>	
6.4 CITY-ST-ZIP <b>DELAND, FL</b>	

14. I 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: *[Handwritten Signature]* 1-23-98 914-373-0010

CR2E037 (10/97)

**CORPORATION ANNUAL REPORT - 1998  
HALIFAX HEALTH FAMILIES CORPORATION**

**ADDENDUM TO SECTION 12**

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

**CORPORATION ANNUAL REPORT - 1998  
HALIFAX HEALTH FAMILIES CORPORATION**

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