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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Mar 23, 1999 8:00 am
Secretary of State
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DOCUMENT # N93000004237

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 ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114 US

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	3. Date Incorporated or Qualifed 09/15/1993 4. FEI Number 59-3216270 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIDSON, DAVID J ESQ. 303 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	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. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHAEFFER, DEE		1.2 NAME		
STREET ADDRESS	655 N CLYDE MORRIS BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REES, RON		2.2 NAME		
STREET ADDRESS	2906 RIVERPOINT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUNSFORD, AUBREY		3.2 NAME		
STREET ADDRESS	121 VIA CAPRI		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4. CITY-ST-ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PECK, EDWIN W. J		4. 2 NAME		
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	LEONARD, KATHY		5.2 NAME		
STREET ADDRESS	401 PALMETTO ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE		☐ 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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Dee Schaeffer 1/20/99 904-322-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

-CR2E037 (11/98)

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HALIFAX HEALTH FAMILIES CORPORATION

ADDENDUM TO SECTION 12

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		
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	BLANNETT, KATHY		NAME		
ADDRESS	303 N. CLYDE MORRIS BLVD.		ADDRESS		
CITY/ST/ZIP	DAYTONA BEACH, FL 32114		CITY/ST/ZIP		
TITLE			TITLE		
NAME			NAME		
ADDRESS			ADDRESS		
CITY/ST/ZIP			CITY/ST/ZIP		