2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2002 8:00 AM
Secretary of State

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Entity Name: HALIFAX HEALTHY FAMILIES CORPORATION

Current Principal Place of Business:

303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

303 N. CLYDE MORRIS BLVD
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-3216270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J ESQ.
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D/P	( ) Delete
Name:	SCHAEFFER, DEANNA	
Address:	655 N CLYDE MORRIS BLVD, STE A	
City-St-Zip:	DAYTONA BEACH, FL 32114 US	
Title:	D	( ) Delete
Name:	REES, RON R	
Address:	2906 RIVERPOINT DR	
City-St-Zip:	DAYTONA BEACH, FL 32118 US	
Title:	D/ST	( ) Delete
Name:	PECK, EDWIN JR.	
Address:	2430 S. ATLANTIC AVE., STE. F	
City-St-Zip:	DAYTONA BEACH SHORES, FL 32118 US	
Title:	D	( ) Delete
Name:	LEONARD, KATHY	
Address:	401 PALMETTO ST	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169 US	
Title:	C/D	( ) Delete
Name:	MILLER, FRED	
Address:	200 NORTH CLARA AVENUE	
City-St-Zip:	DELAND, FL 32721 US	
Title:	D	( ) Delete
Name:	BAILEY, RICHARD	
Address:	1304 JULIA STREET	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	QUINN, DON	
Address:	211 N. RIDGEWOOD AVENUE	
City-St-Zip:	DAYTONA BEACH, FL 32114 US	
Title:	D/ST	(X) Change ( ) Addition
Name:	LEONARD, KATHY	
Address:	401 PALMETTO ST	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNA SCHAEFFER D/P 04/12/2002

Electronic Signature of Signing Officer or Director — Date

CRIPPEN, BILL (D)
301 SOUTH LEMON STREET
BUNNELL, FL 32110