

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90003 046 \*\*\*\*61.25

40036053



01242006 Chg-NP CR2E037 (11/05)

**DOCUMENT # N93000004237**  
 1. Entity Name  
**HALIFAX HEALTHY FAMILIES CORPORATION**



Principal Place of Business  
**655 N. CLYDE MORRIS BLVD., STE. A**  
**DAYTONA BEACH, FL 32114 US**

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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number  
**59-3216270**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**DAVIDSON, DAVID J ESQ.**  
**303 N. CLYDE MORRIS BLVD.**  
**DAYTONA BEACH, FL 32114**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAEFFER, DEANNA	
STREET ADDRESS	655 N CLYDE MORRIS BLVD, STE A	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOGEL, JEAN	
STREET ADDRESS	2435 SWORDFISH LANE	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	CD	<input type="checkbox"/> Delete
NAME	QUINN, DON	
STREET ADDRESS	555 WEST GRANADA BLVD., STE. B5	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLOAR, VIVI	
STREET ADDRESS	360 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, FRED	
STREET ADDRESS	200 NORTH CLARA AVENUE	
CITY-ST-ZIP	DELAND, FL 32721	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRIPPEN, BILL	
STREET ADDRESS	327 NORTH VOLUSIA AVENUE	
CITY-ST-ZIP	ORANGE CITY, FL 32763	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Feasel, Jeff	
STREET ADDRESS	480 Fentress Boulevard, Suite K	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meyer, Charles E.	
STREET ADDRESS	242 Sweet Bay Avenue	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Middleton, Myra	
STREET ADDRESS	3039 Highway 100 East	
CITY-ST-ZIP	Bunnell, FL 32110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** Deanna Schaeffer **Deanna Schaeffer** 3/17/06 (356) 323-0000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #