

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004237

FILED
Apr 03, 2007
Secretary of State

Entity Name: HALIFAX HEALTHY FAMILIES CORPORATION

Current Principal Place of Business:

655 N. CLYDE MORRIS BLVD., STE. A
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: 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: FEASEL, JEFF
Address: 480 FENTRESS BLVD., SUITE K
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: CD () Delete
Name: QUINN, DON
Address: 555 WEST GRANADA BLVD., STE. B5
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete
Name: MEYER, CHARLES E
Address: 242 SWEET BAY AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D () Delete
Name: MIDDLETON, MYRA
Address: 3039 HIGHWAY 100 EAST
City-St-Zip: BUNNELL, FL 32110 US

Title: D () Delete
Name: CRIPPEN, BILL
Address: 327 NORTH VOLUSIA AVENUE
City-St-Zip: ORANGE CITY, FL 32763 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MILLER, FRED
Address: 200 NORTH CLARA AVENUE
City-St-Zip: DELAND, FL 32721 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CRIPPEN, BILL
Address: 325 NORTH VOLUSIA AVENUE
City-St-Zip: ORANGE CITY, FL 32763 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

P

04/03/2007

Electronic Signature of Signing Officer or Director

Date