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**May 01 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004301 (5)

1. Corporation Name

HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE FUND, INC.



Principal Place of Business

Mailing Address

**303 NO CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114**

**303 NO CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114-2709**

3. Date Incorporated or Qualified

08/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **303 N. Clyde Morris Blvd.**

4. FEI Number

23-7337259

Applied For

Not Applicable

22 City & State

27 Suite, Apt. #, etc.
Attn: General Counsel

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 City & State
Daytona Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24 Zip

25 Country

29 Zip

Country

32114-2709

30

US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIDSON, DAVID J
303 NO 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. SEE ATTACHED

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICK SNODGRASS	
STREET ADDRESS	1212 WAVERLY DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIZZIE FLYNT	
STREET ADDRESS	808 S. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BETH HOLLIS	
STREET ADDRESS	737 FLORA STREET	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARY OTURU	
STREET ADDRESS	107 LUNA CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIM SMITH	
STREET ADDRESS	5820 NOB HILL BLVD.	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIM SAWYER	
STREET ADDRESS	1304 SUWANEE ROAD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

Rick Snodgrass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Snodgrass

4-9-97

904-254-4035

Date

Daytime Phone #0001881

CR2E037 (9/96)

CORPORATION ANNUAL REPORT - 1997

HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE FUND, INC.

ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	D		TITLE		
NAME	KATHY EVANS		NAME		
ADDRESS	1510 LEONE LANE		ADDRESS		
CITY/ST/ZIP	PORT ORANGE, FL 32119		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	GEORGE WARD		NAME		
ADDRESS	2 LEISURE WOOD WAY		ADDRESS		
CITY/ST/ZIP	ORMOND BEACH, FL 32174		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	TANGELA WILLIAMS		NAME		
ADDRESS	P.O. BOX 10688		ADDRESS		
CITY/ST/ZIP	DAYTONA BEACH, FL 32120		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	JANE YATES		NAME		
ADDRESS	4660 S. TOMOKA DRIVE		ADDRESS		
CITY/ST/ZIP	DELEON SPRINGS, FL 32120		CITY/ST/ZIP		