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May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 303 NO CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114  
Mailing Address: 303 N. CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114-2709

3. Date Incorporated or Qualified: 08/15/1996  
4. FEI Number: 23-7337259  
Applied For: Not Applicable

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)

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No (checked)  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No (checked)

9. Name and Address of Current Registered Agent  
DAVIDSON, DAVID J  
303 NO CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNODGRASS, RICK	
STREET ADDRESS	1212 WAVERLY DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32218	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLYNT, LIZZIE	
STREET ADDRESS	808 S. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32214	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOLLIS, BETH	
STREET ADDRESS	737 FLORA STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OTURU, MARY	
STREET ADDRESS	107 LUNA CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JIM	
STREET ADDRESS	5820 NOB HILL BLVD.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWYER, JIM	
STREET ADDRESS	1904 SUWANEE ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NORFOLK, PHYLLIS
3.3 STREET ADDRESS	1057 AUDREY DRIVE
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32117
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 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* Rick Snodgrass (904)254-4035

CR2E037 (10/97)

**CORPORATION ANNUAL REPORT - 1998**

**HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE FUND, INC.**

**ADDENDUM TO SECTION 12**

<b>12. OFFICERS AND DIRECTORS</b>		<b>DELETE</b>	<b>13. ADDITIONS/CHANGES TO SEC. 12</b>		<b>CHANGE/ ADDITION</b>
<b>TITLE</b>	D		<b>TITLE</b>		
<b>NAME</b>	KATHY EVANS		<b>NAME</b>		
<b>ADDRESS</b>	1510 LEONE LANE		<b>ADDRESS</b>		
<b>CITY/ST/ZIP</b>	PORT ORANGE, FL 32119		<b>CITY/ST/ZIP</b>		
<b>TITLE</b>	D	<b>DELETE</b>	<b>TITLE</b>	D	<b>ADDITION</b>
<b>NAME</b>	GEORGE WARD		<b>NAME</b>	JAMES SHEPARD	
<b>ADDRESS</b>	2 LEISURE WOOD WAY		<b>ADDRESS</b>	652 N. KEPLER ROAD	
<b>CITY/ST/ZIP</b>	ORMOND BEACH, FL 32174		<b>CITY/ST/ZIP</b>	DELAND, FL 32724	
<b>TITLE</b>	D	<b>DELETE</b>	<b>TITLE</b>	D	<b>ADDITION</b>
<b>NAME</b>	TANGELA WILLIAMS		<b>NAME</b>	JULIE WOISARD	
<b>ADDRESS</b>	P.O. BOX 10688		<b>ADDRESS</b>	79 BROOKWOOD DRIVE	
<b>CITY/ST/ZIP</b>	DAYTONA BEACH, FL 32120		<b>CITY/ST/ZIP</b>	ORMOND BEACH, FL 32174	
<b>TITLE</b>	D	<b>DELETE</b>	<b>TITLE</b>	D	<b>ADDITION</b>
<b>NAME</b>	JANE YATES		<b>NAME</b>	INGE BOYD	
<b>ADDRESS</b>	4660 S. TOMOKA DRIVE		<b>ADDRESS</b>	2142 EVERGREEN TERRACE	
<b>CITY/ST/ZIP</b>	DELEON SPRINGS, FL 32120		<b>CITY/ST/ZIP</b>	SOUTH DAYTONA, FL 32119	