

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90045 004 ****61.25

DOCUMENT # N96000004301

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

23-7337259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SNODGRASS, RICK
STREET ADDRESS 1212 WAVERLY DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32218

TITLE VD ☐ DELETE

NAME FLYNT, LIZZIE
STREET ADDRESS 808 S. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32214

TITLE SD ☒ DELETE

NAME NORFOLK, PHYLLIS
STREET ADDRESS 1057 AUDREY DR
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE TD ☐ DELETE

NAME OTURU, MARY
STREET ADDRESS 107 LUNA CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ DELETE

NAME SMITH, JIM
STREET ADDRESS 5820 NOB HILL BLVD.
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☐ DELETE

NAME SAWYER, JIM
STREET ADDRESS 1304 SUWANEE ROAD
CITY-ST-ZIP DAYTONA BEACH FL 32114

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE VD ☒ Change ☐ 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, with all other like empowered.

SIGNATURE:

Richard Snodgrass

SIGNATURE REQUIRED

Richard Snodgrass 2/4/99

904-254-4035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0001951

254327-90045-4
N96000604301

CORPORATION ANNUAL REPORT - 1998

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	TD	CHANGE
NAME	JAMES SHEPARD		NAME		
ADDRESS	652 N. KEPLER ROAD		ADDRESS		
CITY/ST/ZIP	DELAND, FL 32724		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	JULIE WOISARD		NAME		
ADDRESS	79 BROOKWOOD DRIVE		ADDRESS		
CITY/ST/ZIP	ORMOND BEACH, FL 32174		CITY/ST/ZIP		
TITLE	D	DELETE	TITLE	D	ADDITION
NAME	INGE BOYD		NAME	BILL BEEBE	
ADDRESS	2142 EVERGREEN TERRACE		ADDRESS	1226 EDNA DRIVE	
CITY/ST/ZIP	SOUTH DAYTONA, FL 32119		CITY/ST/ZIP	PORT ORANGE, FL 32119	
TITLE			TITLE	D	ADDITION
NAME			NAME	HELEN NEAL	
ADDRESS			ADDRESS	1075 N. LIBBY COURT	
CITY/ST/ZIP			CITY/ST/ZIP	DAYTONA BEACH, FL 32117	