


FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/15/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7337259
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>DAVIDSON, DAVID J</b> 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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNODGRASS, RICK	1.2 NAME	
STREET ADDRESS	1212 WAVERLY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32218	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNT, LIZZIE	2.2 NAME	
STREET ADDRESS	808 S. MARTIN LUTHER KING BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32214	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORFOLK, PHYLLIS	3.2 NAME	
STREET ADDRESS	1057 AUDREY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTURU, MARY	4.2 NAME	
STREET ADDRESS	107 LUNA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JIM	5.2 NAME	
STREET ADDRESS	5820 NOB HILL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, JIM	6.2 NAME	
STREET ADDRESS	1304 SUWANEE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	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: \_\_\_\_\_ DATE: 2/4/99 DAYTIME PHONE #: 904-254-4035

CR2E037 (1/198)

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	