

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # N96000004301

1. Entity Name
 HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE FUND, INC.

Principal Place of Business 303 NO CLYDE MORRIS BLVD. DAYTONA BEACH 32114	FL US	Mailing Address 303 N. CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH 321142709	FL US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
23-7337259

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DAVIDSON DAVID J 303 NO CLYDE MORRIS BLVD. DAYTONA BEACH 32114				Name Street Address (P.O. Box Number is Not Acceptable) City			
FL US				FL Zip Code			

8. 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 _____ DATE **04/30/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEEBE WILLIAM			NAME	CAUFFMAN BETH		
STREET ADDRESS	1226 EDNA DRIVE			STREET ADDRESS	1340 RIDGEWOOD AVENUE		
CITY-ST-ZIP	PORT ORANGE FL 32119			CITY-ST-ZIP	HOLLY HILL FL 32117		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH JIM			NAME			
STREET ADDRESS	5820 NOB HILL BLVD.			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTURU MARY			NAME			
STREET ADDRESS	107 LUNA CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN DANA			NAME	SHEPHERD JIM		
STREET ADDRESS	303 N. CLYDE MORRIS BLVD.			STREET ADDRESS	652 N. KEPLER ROAD		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	DELAND FL 32720		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNT LIZZIE			NAME	FLYNT LIZZIE		
STREET ADDRESS	808 S. MARTIN LUTHER KING BLVD.			STREET ADDRESS	808 S. MARTIN LUTHER KING BLVD.		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	DAYTONA BEACH FL 32114		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNODGRASS RICK			NAME			
STREET ADDRESS	1212 WAVERLY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK SNODGRASS D **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)