

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

FILED
Apr 01, 2005
Secretary of State

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

Current Principal Place of Business:

303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 321142709 US

New Mailing Address:

FEI Number: 23-7337259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J
303 NO CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNODGRASS, RICK
Address: 1212 WAVERLY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: D () Delete
Name: ASHTON, CATHY
Address: 303 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: BOURLAND, TINA
Address: 303 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: TD () Delete
Name: WOODWORTH, BRUCE
Address: 5868 BOGGSFORD ROAD
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D () Delete
Name: SMITH, JIM
Address: 5820 NOB HILL BLVD.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D () Delete
Name: CAUFFMAN, BETH
Address: 1340 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOODWORTH, BRUCE
Address: 5868 BOGGSFORD ROAD
City-St-Zip: PORT ORANGE, FL 32127 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KOVENIG, KIM
Address: 303 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE WOODWORTH

PD

04/01/2005

Electronic Signature of Signing Officer or Director

Date