

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06783

**Entity Name:** HALIFAX HOSPICE, INC.

**Current Principal Place of Business:**

3800 WOODBRIAR TRAIL  
PORT ORANGE, FL 32119

**Current Mailing Address:**

303 N. CLYDE MORRIS BLVD.  
ATTN: LEGAL DEPT.  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 59-2661284

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** VIVIAN M. GALLO

04/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RITCHEY, GLENN  
Address 551 NORTH NOVA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

Title CHAIRMAN, DIRECTOR  
Name GOODEMOTE, HAROLD  
Address 619 NORTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER, DIRECTOR  
Name SCHANDEL, SUSAN  
Address ONE DAYTONA BOULEVARD  
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR, VC  
Name FRANCATI, DANIEL  
Address 21 COQUINA RIDGE WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title CFO, VP  
Name PEBURN, ERIC  
Address 303 NORTH CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title PRESIDENT, CEO  
Name FEASEL, JEFF  
Address 303 NORTH CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR, SECRETARY  
Name MCCALL, TOM  
Address 2379 BEVILLE ROAD  
City-State-Zip: DAYTONA BEACH FL 32119

Title DIRECTOR  
Name LENTZ, CARL W III  
Address 2855 S. ATLANTIC AVE.  
601  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JEFF FEASEL

PRESIDENT, CEO

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CONNOR, ED  
Address        1010 JOHN ANDESON DR.  
City-State-Zip: ORMOND BEACH FL 32176