

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

DOCUMENT# N08000006571

**Entity Name:** CIVIC LEAGUE OF THE HALIFAX AREA, INC.

**Current Principal Place of Business:**

149 SOUTH RIDGEWOOD  
SUITE 700  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

28 IROQUOIS TRL  
ORMOND BEACH, FL 32174-4328 US

**FEI Number:** 80-0217191

**Certificate of Status Desired:** No

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

PALMETTO CHARTER SERVICES, INC.  
149 SOUTH RIDGEWOOD  
SUITE 700  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name CHARLIE , LYDECKER  
Address 607 NORTH BEACH STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY  
Name GREENLEES, MARY  
Address 151 SAGE BRUSH TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER  
Name COLEMAN, BOB  
Address 28 IROQUOIS TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name COOK, SHERYL  
Address 150 S. BEACH ST.,  
City-State-Zip: DAYTONA BEACH FL 32114

*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: BOB COLEMAN**

**TREASURER**

**04/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date