

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000003426

**Entity Name:** THE HALEY CENTER, INC.

**Current Principal Place of Business:**

3425 LAKE ALFRED ROAD  
SUITE 1  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

3425 LAKE ALFRED ROAD  
SUITE 1  
WINTER HAVEN, FL 33881 US

**FEI Number:** 82-5306080

**Certificate of Status Desired:** No

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

THRELKELD, CLIFFORD  
3425 LAKE ALFRED ROAD  
SUITE 1  
WINTER HAVEN, FL 33881 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 C  
Name THRELKELD, CLIFFORD  
Address 3425 LAKE ALFRED ROAD  
SUITE 1  
City-State-Zip: WINTER HAVEN FL 33881

Title T  
Name STEWART, WAYNE  
Address 3425 LAKE ALFRED ROAD  
SUITE 1  
City-State-Zip: WINTER HAVEN FL 33881

Title V  
Name SCHECK, JOHN  
Address 3425 LAKE ALFRED ROAD  
SUITE 1  
City-State-Zip: WINTER HAVEN FL 33881

*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:** CLIFFORD THRELKELD

**MEDICAL DIRECTOR**

**02/26/2021**

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

\_\_\_\_\_  
Date