

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

DOCUMENT# N93000004237

**Entity Name:** HALIFAX HEALTHY FAMILIES CORPORATION**Current Principal Place of Business:**303 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114**Current Mailing Address:**303 N. CLYDE MORRIS BLVD  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH, FL 32114 US**FEI Number:** 59-3216270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KWIATEK, KELLY  
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:** KELLY KWIATEK

03/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name SNYDER, ROBERT  
Address 301 S. LEMON STREET  
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR  
Name DAVIDSON, JEFF  
Address 305 MAGNOLIA STREET NORTH  
City-State-Zip: NEW SMYRNA BEACH FL 32168

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

Title CHAIRMAN, DIRECTOR  
Name AZAMA-EDWARDS, GWEN J  
Address 104 WATER TURKEY COURT  
City-State-Zip: DAYTONA BEACH FL 32119

Title DIRECTOR  
Name BOSWELL, PATRICIA  
Address 1845 HOLSONBACK DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name FISHER, DEBBIE HINSON  
Address 200 NORTH CLARA AVENUE  
City-State-Zip: DELAND FL 32720

Title DIRECTOR  
Name GUTHRIE, JOHN  
Address 303 NORTH CLYDE MORRIS BLVD.  
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:** JEFF FEASEL**DIRECTOR**

03/02/2021

Electronic Signature of Signing Officer/Director Detail

Date