

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004237

Entity Name: HALIFAX HEALTHY FAMILIES CORPORATION**Current Principal Place of Business:**1688 WEST GRANADA BLVD., SUITE 2E
ORMOND BEACH, FL 32174**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:**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

02/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SCHAEFFER, DEANNA
Address 1688 WEST GRANADA BLVD., SUITE 2E
City-State-Zip: ORMOND BEACH FL 32174

Title D, SECRETARY
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 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

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: DEANNA SCHAEFFER**PRESIDENT**

02/26/2019

Electronic Signature of Signing Officer/Director Detail

Date