

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

FILED
Apr 20, 2015
Secretary of State
CC9668075222

Entity Name: HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE FUND, INC.

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 32114-2709 US

FEI Number: 23-7337259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIFLET, SHELLY L
303 NO 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name ANKNEY, BILL
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER
Name FOUT, TAMMY
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title SECRETARY
Name HART, JEANETTE
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name SHOBERT, DON
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name CHRISTIE, AMY
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name MCMANAMAN, DENISE
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name GIBBINS, KRISTEN
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

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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: PAT LIBRIZZI

PRESIDENT

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WHITWAM, FAITH
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name RAWLINGS, BRETT
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114