

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004301

**Entity Name:** HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE  
FUND, INC.**FILED**  
**Mar 23, 2023**  
**Secretary of State**  
**4055137645CC****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:**KWIATEK, KELLY  
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: KELLY KWIATEK****03/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title           SECRETARY  
Name           WOHLFORD, ASHLEY  
Address       303 NORTH CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title           DIRECTOR  
Name           LEJEUNE, GREG  
Address       303 NORTH CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

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

**Continues on page 2**

*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: MARIA BEECRAFT****DIRECTOR****03/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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