

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

FILED
Feb 29, 2024
Secretary of State
9777408890CC

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:

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

02/29/2024

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

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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: MARIA BEECRAFT

DIRECTOR

02/29/2024

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 KOWATCH, CHARLENA
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name REYES, ANGEL
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