2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

Entity Name: HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE

FUND, INC.

FILED
Mar 22, 2013
Secretary of State
CC6895096142

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:

DAVIDSON, DAVID J 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

Officer/Director Detail:

Title VP Title PRESIDENT

Name MARTIN, TERRY Name FERRENTINO, JESSICA

Address 303 NORTH CLYDE MORRIS BLVD. Address 303 NORTH CLYDE MORRIS BLVD.

City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER Title SECRETARY

Name RICHARDS, JENNIFER Name WATSON, ALICIA

Name RICHARDS, JENNIFER Name WATSON, ALIGIA

Address 303 NORTH CLYDE MORRIS BLVD. Address 303 NORTH CLYDE MORRIS BLVD.

City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: DAYTONA BEACH FL 32114

Title D Title DIRECTOR

Name SMITH, JIM Name MEEHAN, SUE

Address 303 NORTH CLYDE MORRIS BLVD. Address 303 NORTH CLYDE MORRIS BLVD.

City-State-Zip: DAYTONA BEACH FL 32114 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: JESSICA FERRENTINO

PRESIDENT

03/22/2013

Date