

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004301

**FILED**  
**Mar 21, 2016**  
**Secretary of State**  
**CC0802598204**

**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:**

GALLO, VIVIAN M  
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:** VIVIAN M. GALLO **03/21/2016**  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

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

Title DIRECTOR  
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 **DIRECTOR** **03/21/2016**  
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           TILLMAN, LEE  
Address        303 N. CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114