

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

FILED
Mar 14, 2017
Secretary of State
CC6621566153

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 03/14/2017
Electronic Signature of Registered Agent Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name VEIRS, JAMIE
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 03/14/2017
Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name IACONIS, SARA
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