

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

**FILED
Mar 17, 2014
Secretary of State
CC5266191007**

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:

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

Date

Officer/Director Detail :

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

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

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

Title PRESIDENT
Name BEAUCHAMP, MIKE
Address 303 NORTH CLYDE MORRIS BLVD.
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: PAT LIBRIZZI

SECRETARY

03/17/2014

Electronic Signature of Signing Officer/Director Detail

Date