

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

Entity Name: HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE
FUND, INC.**FILED**
Feb 26, 2019
Secretary of State
3839692766CC**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****02/26/2019**

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 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 SECRETARY, DIRECTOR
Name VEIRS, JAMIE
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 IACONIS, SARA
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****02/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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