FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

ORMOND BEACH FL

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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HALIFAX GRANGE NO. 173, INC.													
Principal Place of Business Mailing Address									1		61911 61611 611	A	
C/O MARY M DURST PO BO X 4142 135 SEA ISLE CIR PO BOX 4142 135 SEA ISLE CIR PO BOX 8 DAYTONA FL 32121 SO. DAYTONA FL 32121						4142							
क्राराज्यागाया क्राज्याका				US				3. Date Incorporated or Qualified 03/20/1962	За.	Date of Las 02/23/	199€	ort 3	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Appli	ed For
21				26					23-7215476			Not A	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired				
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23				Zip Coun					Trust Fund Contribution			Fees	
Zip	· — ·			Zip			'		8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of Curren			Pagistared Agent		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
-	9, Name an	Address of Currer	it Hegis	tered Agent		81	Nar	ne	10. Name and Address of New Re	gistere	a Agent	—	
DURST, MARY M. PO BOX 4142 SOUTH DAYTONA FL 32121						82			dress (P.O. Box Number is Not Acceptable)				
						83		<u></u> .					
						84	City	,		F	85 Z	ip Cod	de
11. Pursuant office or r agent. I a	to the provision egistered agent m lamiliar with,	s of Sections 617.050 t, or both, in the State and accept the oblig	2 and 6 of Florid ations of	17.1508, Florida da. Such change , Section 617.05	Statutes, to was autho 03, Florida	he above orized by Statutes	L e-nam / the e s.	ed corpo corporatio	oration submits this statement for the pon's board of directors. I hereby acce			g its re as reç	egistered gistered
SIGNATURE										DATE			
Signature, typed or printed name of registered age 12. OFFICERS AN							in sign	atore redone	ADDITIONS/CHANGES TO OFFIC			OHS I	N 12
TITLE	Ď			DELE	ŢΕ	1.1 TITLE					Chang		Addition
NAME	WILSEY, L	AWRENCE				1.2 NAME							
STREET ADDRESS	1701 N U			1.3			1.3 STREET ADDRESS						
CITY-ST-ZIP	ORMOND	BCH FL	1.4			1.4 CITY - ST - ZIP			_				
TITLE	D	<u> </u>		☐ DELE	TE	21 THTLE]			Chang	je [Addition
NAME		V, WESLEY		2			2.2 NAME						1
STREET ADDRESS				23			23 STREET ADDRESS						
CITY-ST-ZIP	PORT OR	ANGE FL					2.4 CITY-ST-ZIP						_
TITLE	SD SUIDOT 44	ABW		☐ DELETE			3.1 TITLE				Chang	ie F	Addition
NAME	DURST, M					3.2 NAME		l l					,
STREET ADDRESS		SLE CIRCLE				3.3 STREET		SS					
CITY-ST-ZIP TITLE	5 DATION	VA, FL 00000		DELE		3.4. CITY - S 4.1 TITLE	ST - ZIP				Chang		Addition
	TI IDAICD I	BEGGIE		اعاد ا		4. 2 NAME					☐ Cuant	/c L) Addition
NAME STREET ADDRESS	4545 4 61 1164 1144 1146 1146						ADDDE	ee l					
CITY-ST-ZIP							.3 STREET ADDRESS .4 CITY-ST-ZIP						}
TITLE	P	-115 44000		DELE		5.1 TITLE	1-515	+			Chang	ie T	Addition
NAME	CONNOR,	RICHARD				5.2 NAME						_	
STREET ADDRESS 1701 N. US #1							ADDRE	ss					
CITY-ST-ZIP ORMOND BEACH FL 32174						5.4 CITY - S							
TITLE	D			DELE		6.1 TITLE					Chang	je [Addition
NAME	WILLIAMS,	, Herbert			ľ	6.2 NAME		1					ľ
STREET ADDRESS		MING AVENUE				6.3 STREET	ADDRE:	ss					

6.4 CITY - ST - ZIP

14. Id of hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Mar 17 1997 8:00am

Secretary of State