

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703752** (6)
1. Corporation Name
HALIFAX GRANGE NO. 173, INC.



Principal Place of Business C/O MARY M DURST 135 SEA ISLE CIR PO BOX 4142 S DAYTONA FL 32121		Mailing Address P O BOX 4142 135 SEA ISLE CIR PO BOX 4142 SO. DAYTONA FL 32121 US		3. Date Incorporated or Qualified 03/20/1962	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 23-7215476	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DURST, MARY M. PO BOX 4142 SOUTH DAYTONA FL 32121		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) <i>Sandra B. Mortham</i>	
83		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSEY, LAWRENCE	1.2 NAME	
STREET ADDRESS	1701 N US #1	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANISLOW, WESLEY	2.2 NAME	
STREET ADDRESS	5280 ROGERS AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURST, MARY	3.2 NAME	
STREET ADDRESS	135 SEA ISLE CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	S DAYTONA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, BESSIE	4.2 NAME	
STREET ADDRESS	1705 LOUISIANA ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	S DAYTONA, FL 00000	4.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, RICHARD	5.2 NAME	
STREET ADDRESS	1701 N. US #1	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL 32174	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HERBERT	6.2 NAME	
STREET ADDRESS	1310 FLEMING AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE: *Mary M. Durst* **Mary M. Durst** 1-29-98 (904) 767-5219

CR2E037 (10/97)