

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90085 014 ****61.25

DOCUMENT # 703752

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/20/1962

4. FEI Number

23-7215476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DURST, MARY M.
135 SEA ISLE CIRCLE
P.O. 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)

83

84 City

FL

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 MARY M. DURST, Secy.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WILSEY, LAWRENCE**
STREET ADDRESS **1701 N US #1**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE **D** ☒ DELETE
NAME **SANISLOW, WESLEY**
STREET ADDRESS **5280 ROGERS AVE**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE **SD** ☐ DELETE
NAME **DURST, MARY**
STREET ADDRESS **135 SEA ISLE CIRCLE**
CITY-ST-ZIP **S DAYTONA, FL 00000**

TITLE **T** ☐ DELETE
NAME **TURNER, BESSIE**
STREET ADDRESS **1705 LOUISIANA ROAD**
CITY-ST-ZIP **S DAYTONA, FL 00000**

TITLE **P** ☐ DELETE
NAME **CONNOR, RICHARD**
STREET ADDRESS **1701 N. US #1**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, HERBERT**
STREET ADDRESS **1310 FLEMING AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **WALTER KISNER**
2.3 STREET ADDRESS **1639 Golfview Blvd.**
2.4 CITY-ST-ZIP **So. Daytona, FL 32119**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: MARY M. DURST, Secy. 2-17-99 (904) 767-5219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)