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FILED

Mar 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709100

(2)

1. Corporation Name

HALIFAX VOLUNTEER FIREMENS ASSOCIATION AND RESCUE SQUAD, INC.

Principal Place of Business

1288 8TH ST.  
DAYTONA BCH FL 32117  
US

Mailing Address

HALIFAX VOL FIREMAN'S ASSOC  
E SQUAD, INC.  
PO BOX 730065D  
ORMOND BCH FL 32173-0065  
US3. Date Incorporated or Qualified  
06/08/19653a. Date of Last Report  
05/10/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, RONALD S  
3601 EAGLE ROCK  
ORMOND BCH FL 32174

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Ronald S. Walker*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME CASE, WILLIAM R  
STREET ADDRESS 1561 CULVERHOUSE DR.  
CITY-ST-ZIP HOLLY HILLS FLTITLE V ☐ DELETENAME MYLES, ALFRED  
STREET ADDRESS 1208 PINERIDGE DR  
CITY-ST-ZIP HOLLY HILL FLTITLE D ☒ DELETENAME ZIMMER, RAYMOND  
STREET ADDRESS 959 GARDENIA  
CITY-ST-ZIP DAYTONA BCH FLTITLE D ☐ DELETENAME LALONDE, LLOYD  
STREET ADDRESS RT 6 - 34 TWIN RIVER DRIVE  
CITY-ST-ZIP ORMOND BEACH FLTITLE T ☐ DELETENAME LASHMET, KENNETH  
STREET ADDRESS 1385 HARDEN RD  
CITY-ST-ZIP PORT ORANGE FLTITLE P ☐ DELETENAME WALKER, RONALD S  
STREET ADDRESS 3601 EAGLE WALKER  
CITY-ST-ZIP ORMOND BEACH FL 32174

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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, as changed, or on an attachment with an address.

SIGNATURE:

*William R. Case*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97 904-253-1219

3-4-97

Date

Daytime Phone 0003270

CR2E037 (9/96)