FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 01, 1999 8:00 am \$ Secretary of State 05-01-1999 90031 003 ****70.00

FILED

DOCUMENT # 709100

1. Corporation Name

HALIFAX VOLUNTEER FIREMENS ASSOCIATION AND RESCU E SQUAD, INC.

Principal Place of Business
1288 8TH ST.
DAYTONA BCH FL 32117
110

Mailing Address

HALIFAX VOL FIREMENS & ASSOC. PO BOX 730065D ORMOND BCH FL 32173-0065

US

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	** *				
	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	· — —
21		26 P.O. Box 73	0065	06/08/1965	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27	···	NOT APPLICABLE	Not Applicable
City & Stat	е	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28	Country		*
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	[25]	29 30	<u> </u>	Trust Fund Contribution 10. Name and Address of New Registers	
	9. Name and Address of Current	Registered Agent	81 Name	10. Italia and Manage of Itali Italiania	- Agont
			or rumo		
LALONDE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	•
34 TWIN I	RIVER DR		83 ()	A \ /	
RTE 6	•		" Ker	none kte 6	
ORMOND	BCH FL 32174		84 City	, F	85 Zip Code
	$\Delta A = \Delta A$		*		of changing its registered
11. Pursuant office or r	to the provisions of Sections 61/10502 egistered ade it, or both, in the State of	and 617.1508, Florida Statutes, f Florida. Such change was auth	une above-named co portzed by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the app	pointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.	11/00	loa
SIGNATURE	INIT SCHOOL C	loyd E. LaLonde	, Ireasures	~ 7/46/	<u> </u>
12,	Signature, typed or printed Agrine of registered agent OFFICERS AND		gistered Agent signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	i	DELETE		Pres	☐ Change ★Addition
TITLE	D D	700000	1.2 NAME	myles, Alfred	. = - /-
NAME	JEWELL, D Y		1.3 STREET ADDRESS	932 Oleander Ave.	
STREET ADDRESS	610 ORCHARD AVE	•	1.3 STREET ALLINESS	Holly Hill, FL 32117	
CITY-ST-ZIP	ORMOND BCH FL 32174	DELETE		UP	☐ Change
TITLE	V ANG CO. ALEDED	N occur		Russo, Shawn	_ , _
NAME	MYLES, ALFRED		2.3 STREET ADDRESS	337 London Rd.	
STREET ADDRESS	1208 PINERIDGE DR		2.3 STREET AUURESS	Holy Hill, FC 32117	
CITY-ST-ZIP	HOLLY HILL FL	☐ DELETE		Seci	Change Addition
TITLE	BD	□ DELETE		Yochum, Mary	
NAME	JEWELL, DAVID	İ	3.2 NAME	o poinsettle Dr.	
STREET ADDRESS	610 ORCHARD AVE			ormord Beach, FL 32176-	سان الأستنيال والما
CITY-ST-ZIP	ORMOND FL	DELETE			☐ Change ★Addition
TITLE	D	N DELETE	4.1 ITILE	Translate I land F.	7 A
NAME	LALONDE, LLOYD		4. 2 NAME	Lalade, Lloyd E. 34 Twin River Dr.	
STREET ADDRESS	RT 6 - 34 TWIN RIVER DRIVE			Ormand Basch IFL 32/74	
CITY-ST-ZIP	ORMOND BEACH FL	X DELETE	711 0171 01 01		Change Additio
TITLE	LACURACT MENDICTI	A DELETE		BD	
NAME	LASHMET, KENNETH		5.3 STREET ADDRESS	hanoge David 1216 Kennedy Pol-Apt-16	
STREET ADDRESS	1385 HARNDEN RD		5.4 CITY-ST-ZIP	Daytona Beach, FC 32/17	
CITY-ST-ZIP	PORT ORANGE FL	M DELETE	A4 === =	^	☐ Change Addition
MLE	P +	DELETE		Par.	Li Origingo Al Audido
NAME	HYLES, A G B		0.2 NAME	Be Hami, Richard	
STREET ADDRESS				nap Valencia Ave.	
CITY OT 7ID	HOLLY HILL EL 32117		6.4 CITY-ST-ZIP	Holl 411.FL 32117	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report of 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 for the report of supplemental annual report of the corporation for the repor

SIGNATURE:

4/26/49 (901) 736-594/X7 291)
Dayline Phone #

R2E037 (11/98)