

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709100

FILED
Jan 06, 2006
Secretary of State

Entity Name: HALIFAX VOLUNTEER FIREMENS ASSOCIATION AND RESCUE SQUAD, INC.

Current Principal Place of Business:

1580 DERBYSHIRE RD.
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 731671
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, GARY
1580 DERBYSHIRE RD
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BOD () Delete
Name: TOLBERT, GEORGE
Address: 1233 DERBYSHIRE ROAD
City-St-Zip: HOLLY HILL, FL 32117

Title: BOD () Delete
Name: BELTRAMI, RICHARD
Address: 1580 DERBYSHIRE RD.
City-St-Zip: HOLLY HILL, FL 32117 US

Title: P () Delete
Name: MANOGG, DAVID
Address: 1580 DERBYSHIRE RD.
City-St-Zip: HOLLY HILL, FL 32117

Title: T () Delete
Name: JOHNSON, GARY
Address: 1580 DERBYSHIRE RD.
City-St-Zip: HOLLY HILL, FL 32117

Title: V () Delete
Name: MYLES, ALFRED SR
Address: 1120 CLEARWATER DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: DIANNE, RAYMOND
Address: 1320 FLEMING AVENUE, LOT F-23
City-St-Zip: ORMOND BEACH, FL 32173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY JOHNSON

T

01/06/2006

Electronic Signature of Signing Officer or Director

Date