

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717623

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** HALIFAX MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

303 N CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 321142732 US

**New Principal Place of Business:**

**Current Mailing Address:**

303 N CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 321142732 US

**New Mailing Address:**

**FEI Number:** 23-7052230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIDSON, DAVID J  
303 N CLYDE MORRIS BLVD  
DAYTONA BCH, FL 32114 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:** PD  
**Name:** STOREY, DOROTHY  
**Address:** 21 LAZY EIGHT DRIVE  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** VD  
**Name:** NEWTON, HELEN  
**Address:** 753 HOPE STREET  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

**Title:** TD  
**Name:** WINTENBURG, RICK  
**Address:** 1511 RUSTY CIRCLE  
**City-St-Zip:** PORT ORANGE, FL 32129 US

**Title:** D  
**Name:** POFFENBARGER, JUANITA  
**Address:** 98 CYPRESS GROVE LANE  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** S  
**Name:** SMITH, JOHN  
**Address:** 6147 JASMINE VINE DR.  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** V  
**Name:** BOUFFORD, LOUISE  
**Address:** 120 TUDOR WAY  
**City-St-Zip:** PORT ORANGE, FL 32129 US

I hereby 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 all other like empowered.

**SIGNATURE:** DOROTHY STOREY

**PRES**

**02/16/2011**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date