

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717623

FILED
Jan 06, 2012
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 (X)

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

Title: VD
Name: WATTS, WG
Address: 1869 SECLUSION DRIVE
City-St-Zip: PORT ORANGE, FL 32128 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: HELEN NEWTON

PRES

01/06/2012

Electronic Signature of Signing Officer or Director

Date