

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 734691

1. Entity Name
HALIFAX HISTORICAL SOCIETY, INC.



Principal Place of Business
**252 S. BEACH STREET
DAYTONA BCH, FL 32114**

Mailing Address
**252 S. BEACH STREET
DAYTONA BCH, FL 32114**



03132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7432863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WATKINS, SONYA
125 A GOLDEN EYE DR APT A
DAYTONA BEACH, FL 32119**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000677157
03/30/07-80093-012 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WATKINS, SONYA
STREET ADDRESS 1254 GOLDEN EYE DR
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE SD
NAME BARTON, THERESA
STREET ADDRESS 1 COACHMANS COURT
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE VP
NAME LEMPEL, LEONARD
STREET ADDRESS 1227 GOLFVIEW DR
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE T
NAME FREEMAN, KEITH
STREET ADDRESS 1153 AUSTRALIA AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE VPSD
NAME NEGREA, MARYLN
STREET ADDRESS 345 SOUTH ATLANTIC AVE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Suzanne Haddy 20 March 2007 386-255-6776