## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734691** 

FILED Feb 29, 2008 Secretary of State

Entity Name: HALIFAX HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

252 S. BEACH STREET DAYTONA BCH, FL 32114

Current Mailing Address: New Mailing Address:

252 S. BEACH STREET DAYTONA BCH, FL 32114

FEI Number: 23-7432863 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SNELL, WALTER J ESQ 436 N. PENINSULA DR DAYTONA BEACH, FL 32118 US

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:

Flacture of Company of Devictors of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 WATKINS, SONYA
 Name:
 SNELL, WALTER J

 Address:
 1254 GOLDEN EYE DR
 Address:
 436 N PENINSULA DR

Address: 1254 GOLDEN EYE DR Address: 436 N PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32118

Title: SD () Delete Title: SD (X) Change () Addition

Name: BARTON, THERESA Name: MINDLIN, BETH

Address: 1 COACHMANS COURT Address: 564 CAMBRIDGE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: SOUTH DAYTONA, FL 32119

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LEMPEL, LEONARD
 Name:

 Address:
 1227 GOLFVIEW DR
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32114
 City-St-Zip:

Name: FREEMAN, KEITH Name: DAVIS, HOLMES
Address: 1153 AUSTRALIA AVENUE Address: 934 DUNCAN ROAD

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: SOUTH DAYTONA, FL 32119

Title: VPSD () Delete Title: () Change () Addition

 Name:
 NEGREA, MARYLN
 Name:

 Address:
 345 SOUTH ATLANTIC AVE
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32176
 City-St-Zip:

Title: ( ) Delete Title: VP ( ) Change (X) Addition

Name: Name: LINK, MICHAEL

Address: Address: 115 SHADY BRANCH TRAIL
City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify 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: WALTER J SNELL P 02/29/2008