

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734691

FILED
Feb 15, 2011
Secretary of State

Entity Name: HALIFAX HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

252 S. BEACH STREET
DAYTONA BCH, FL 32114

New Principal Place of Business:

252 SOUTH BEACH STREET
DAYTONA BEACH, FL 32114

Current Mailing Address:

252 S. BEACH STREET
DAYTONA BCH, FL 32114

New Mailing Address:

252 SOUTH BEACH STREET
DAYTONA BEACH, 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:

LINK, MICHAEL . PHD
252 S BEACH ST
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

LEVEILLE, FAYN .
252 SOUTH BEACH STREET
DAYTONA BEACH, FL 32114 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: FAYN LEVEILLE, HHS MUSEUM DIRECTOR

02/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: TRAGER, RUTH .
Address: 252 SOUTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SEC
Name: MINDLIN, BETH
Address: 252 SOUTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: SNELL, WALTER P A
Address: 252 SOUTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TRES
Name: DAVIS, E. HOLMES
Address: 252 SOUTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: CSEC
Name: BENNETT, PATRICIA T
Address: 252 SOUTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: LINK, MICHAEL PH D
Address: 252 SOUTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

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: FAYN M. LEVEILLE, HHS MUSEUM DIRECTOR

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02/15/2011

Electronic Signature of Signing Officer or Director

Date