


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90001 001 ****61.25

DOCUMENT # 741037	
1. Entity Name HALIFAX CRUISE CLUB, INC.	

Principal Place of Business P O BOX 214491 SOUTH DAYTONA FL 32121	Mailing Address P O BOX 214491 SOUTH DAYTONA FL 32121
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE CR2E037 (4/06)

City & State	City & State	4. FEI Number 59-2529150	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RAIA, CAROL 68 BUSCHMAN DR DAYTONA BEACH FL 32-1217

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 <i>Karen Pagliuso</i> Signature, typed or printed name of registered agent and title if applicable.	<i>Karen Pagliuso Treasurer 8-22-06</i> (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By September 6, 2006
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WILLIAMS, ED 815 HENSEL HILL W PORT ORANGE FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AC RAIA, FRANK 68 BUSCHMAN DR PORT ORANGE FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, MARY 621 MARINA PT DR DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RAIA, CAROL 68 BUSHMAN DR PONCEINLET FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ED 815 HENSEL HILL WEST PORT ORANGE FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASTINGS, MARY LYNN 112 MARSH WREN CT DAYTONA FL 32119 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Greg Kirby <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5813 South port Drive Port Orange FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Janet Wolfe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1905 Poinsettia Drive Daytona Beach, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Karen Pagliuso <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 148 Woodbridge Circle Daytona Beach, FL 32119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Karen Pagliuso</i>	<i>Karen Pagliuso</i>	<i>8-22-06</i>	<i>386-322-5473</i>
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