

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741037

FILED
May 03, 2009
Secretary of State

Entity Name: HALIFAX CRUISE CLUB, INC.

Current Principal Place of Business:

P O BOX 214491
SOUTH DAYTONA, FL 32121

New Principal Place of Business:

5813 SOUTHPORT DR
PORT ORANGE, FL 32121

Current Mailing Address:

P O BOX 214491
SOUTH DAYTONA, FL 32121

New Mailing Address:

FEI Number: 59-2529150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BANCROFT, ANN M
121 CUNNINGHAM DR
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

THORN, CHRISTINE M
3433 TAMARIND DR.
EDGEWATER, FL 32141 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: CHRISTINE M THORN

05/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AC () Delete
Name: DAVIES, AL
Address: 997 SHOCKNEY DR
City-St-Zip: PORT ORANGE, FL 32127

Title: C () Delete
Name: KIRBY, GREG
Address: 5813 SOUTH PORT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: WIEDENMILLER, FRAN
Address: 70 LAKE PARK CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: BANCROFT, ANN M
Address: 121 CUNNINGHAM DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: WILLIAMS, ED
Address: 815 HENSEL HILL WEST
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: SMITH, DAVID
Address: 621 MARINA POINT DR
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AC (X) Change () Addition
Name: ARMSTRONG, DAVID
Address: 5813 SOUTH PORT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: C (X) Change () Addition
Name: DAVIES, AL
Address: 997 SHOCKNEY DR
City-St-Zip: PORT ORANGE, FL 32127

Title: S (X) Change () Addition
Name: DAVIES, BEVERLY
Address: 997 SHOCKNEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Change () Addition
Name: THORN, CHRISTINE M
Address: 3433 TAMARIND DR
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KIRBY, GREG
Address: 5813 SOUTHPORT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: CHRISTINE M THORN

MRS

05/03/2009

Electronic Signature of Signing Officer or Director

Date