

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759556

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** HALIFAX URBAN MINISTRIES, INC.

**Current Principal Place of Business:**

215 BAY ST  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6053  
DAYTONA BEACH, FL 32122 US

**New Mailing Address:**

**FEI Number:** 59-2093922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAY, TROY  
215 BAY STREET  
DAYTONA BEACH, FL 32114 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: TURNER, WILLIAM  
Address: 3061 MONAGHAN DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TD  
Name: BOND, JAY  
Address: 1428 N. HALIFAX AVE.  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: ED  
Name: RAY, TROY  
Address: 215 BAY ST.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VC  
Name: MICHAUD, DEBORAH  
Address: 233 BRASSWOOD COURT  
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: S  
Name: HALE, SUE  
Address: 329 BILL FRANCE BLVD  
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: TROY RAY

ED

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date