

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:25

DOCUMENT # 769897 (O)
1. Corporation Name
HALIFAX COVENANT CHURCH, INC.

Principal Place of Business Mailing Address
910 BEVILLE ROAD S.DAYTONA FL 32114 910 BEVILLE ROAD S.DAYTONA FL 32114

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 08/18/1983 3a. Date of Last Report 04/07/1994
4. FEI Number 59-2328732 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 700 Reed Canal Rd. 26 Same as 2
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
S. Daytona, FL
24 Zip 32119 25 Country USA 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WALSH, ANTHONY J JR.
940 TAIL PINE DRIVE
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent
81 Name Daniel Walsh
82 Street Address (P.O. Box Number is Not Acceptable) 5626 Touro Dr
83
84 City Port Orange FL 85 Zip Code 32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Daniel Walsh, Pastor Daniel Walsh 4/6/95
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------|
| TITLE | SD |
| NAME | CALABELLO, JOSEPH |
| STREET ADDRESS | 882 MILLERS WAY |
| CITY - ST - ZIP | PORT ORANGE FL |
| TITLE | D |
| NAME | DUNLOP, THOMAS W |
| STREET ADDRESS | 231 WARWICK AVE |
| CITY - ST - ZIP | ORMOND BCH FL |
| TITLE | PD |
| NAME | WALSH, DANIEL J. |
| STREET ADDRESS | 5626 TOURO DR. |
| CITY - ST - ZIP | PORT ORANGE FL |
| TITLE | VID |
| NAME | WALSH, ANTHONY J JR. |
| STREET ADDRESS | 940 TALL PINE DRIVE |
| CITY - ST - ZIP | PORT ORANGE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------------|--|
| 11 TITLE | VICE - PRESIDENT, SECRETARY, DIR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY - ST - ZIP | | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | NO CHANGE | |
| 23 STREET ADDRESS | | |
| 24 CITY - ST - ZIP | | |
| 31 TITLE | PRESIDENT, TREASURER, DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY - ST - ZIP | | |
| 41 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | RESIGNED FROM BOARD | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Walsh DANIEL WALSH 4/6/95 (904) 322-5833
Signature and typed or printed name of signing officer or director. Date: 4/6/95