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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 769897 (0) HALIFAX COVENANT CHURCH, INC.							
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District District							
Principal Place		Mailing Address			(1941) 19419 (11/4 12/4) (6/13 12/1)	180: 91911 91914 81841 911	isi didir Afbir 1881
700 REED CANAL RD S.DAYTONA FL 32119 US 700 REED CANAL RD S.DAYTONA FL 32119 US							
					3. Date Incorporated or Qualified 08/18/1983	3a. Date of Las 04/12/	
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2328732		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		**************************************	5. Certificate of Status Desired	1 1	5 Additional Required
City & State	0	City & State		····	6. Election Campaign Financing	□ \$5.0	DO May Be
Zip	Country	28 Zip	Cour	ntry	Trust Fund Contribution 8. This corporation has liability for in	A00	ed to Fees s. 199.032,
4	25	29	30			Yes □ No	
	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New Ro	egistered Agent	
WALSH, DANIEL 5626 TOURO DR PORT ORANGE FL 32127					dress (P.O. Box Number is Not Acceptable)		
				63			
10/11 0	THAT I E 32121			84 City		85 Z	ip Code
44 5	(0)				ration submits this statement for the purp		•
or register	red agent, or both, in the State of Fior	ida. Such change was authoriz			and and alternations the contract of the contr		
tamiliar wi	ith, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	ed by the co	orporation's boa	rd or directors. I hereby accept the appo	intment as registere	a agent. I am
tamiliar wii SIGNATURE _	th, and accept the obligations of, Sec Signature, typed or printed name of registered agen	nt and tille if applicable (NC	ed by the co TE: Registered A	orporation's boa Agent signature require	od when reinstaling)	DATE	
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signature	th, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN	nt and tille if applicable (NC	of E: Registered A	Agent signature require	od when reinstaling)	DATE	
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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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Danil WallSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 904-328-5833