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Jan 15 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 769897 (0)

1. Corporation Name
HALIFAX COVENANT CHURCH, INC.



Principal Place of Business Mailing Address
700 REED CANAL RD S.DAYTONA FL 32119 US **700 REED CANAL RD S.DAYTONA FL 32119-3242 US**

3. Date Incorporated or Qualified **08/18/1983** 3a. Date of Last Report **02/27/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2328732** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State 28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALSH, DANIEL
5626 TOURO DR
PORT ORANGE FL 32127**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Daniel Walsh, President/Director** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPSD <input checked="" type="checkbox"/> DELETE
NAME	CALABELLO, JOSEPH
STREET ADDRESS	862 MILLERS WAY
CITY-ST-ZIP	PORT ORANGE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DUNLOP, THOMAS W
STREET ADDRESS	231 WARWICK AVE
CITY-ST-ZIP	ORMOND BCH FL
TITLE	PTD <input checked="" type="checkbox"/> DELETE
NAME	WALSH, DANIEL J.
STREET ADDRESS	5626 TOURO DR.
CITY-ST-ZIP	PORT ORANGE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dunlop, Thomas W.
1.3 STREET ADDRESS	231 Warwick Avenue
1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
2.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wigle, Keith
2.3 STREET ADDRESS	812 Bayridge Lane
2.4 CITY-ST-ZIP	Port Orange, FL 32127
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Walsh, Daniel J.
3.3 STREET ADDRESS	5626 Touro Drive
3.4 CITY-ST-ZIP	Port Orange, FL 32127
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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, President/Director** 1/3/97 904-322-5833

CR2E037 (9/96)