## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

700 REED CANAL RD

S.DAYTONA FL 32119



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769897

(0)

Mailing Address

700 REED CANAL RD

S.DAYTONA FL 32119

2a. Mailing Address

Suite, Apt. #, etc.

26

HALIFAX COVENANT CHURCH, INC.

## FILED Jan 22 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified

904-322-5833

1/6/98

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

08/18/1983

59-2328732

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip   Country   Zip   Country   St. This corporation owes or has paid the current year Intangible   Personal Property Tax due June 30.   Yes   No	City & State City & State										7. is	this non	profit o	orporat	ion a ho	meowne	s asso	clation	?	
24	23				28						7. Is this nonprofit corporation a homeowners association?  Yes No									
9, Name and Address of Current Registered Agent  WALSH, DANIEL 5626 TOURO DR PORT ORANGE FL 32127  82 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 agent, and familiar on 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, and familiar values of the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and ram familiar values of the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent and this in applicable. (NOTE: Registered Agent eignature required when reinstains)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE 12. NAME 13. STREET ADDRESS 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZIP 17. TITLE 18. VPD 19. DELETE 11. TITLE 19. Change 14. Addition 14. CITY-ST-ZIP 17. Change 18. Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change 19. Addition 19.	Zip	Country Zip Con									8. This corporation owes or has paid the current year Intangible									
WALSH, DANIEL 5626 TOURO DR PORT ORANGE FL 32127  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 fits 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tilo if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TSD  WIGLE, KEITH  12. NAME  STREET ADDRESS  ORMOND BEACH FL 32174  14. CITY-ST-ZIP  NAME  DUNLOP, THOMAS W  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL 32174  14. CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL 32174  24. CITY-ST-ZIP  NAME  WALSH, DANIEL J.  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  ORMOND BCH FL 32174  24. CITY-ST-ZIP  NAME  WALSH, DANIEL J.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  DUNLOP, THOMAS W  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  Change Addition  NAME  WALSH, DANIEL J.  STREET ADDRESS	24	25 29 30									Personal Property Tax due June 30.								No	
WALSH, DANIEL 5626 TOURO DR PORT ORANGE FL 32127  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 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, 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation submits this sta		9. Name	and Address of C	urrent R	egistered Age	nt					10. Na	ime and	Addr	ess of i	New Re	gistered	Agent			
Section of Part Orange FL 32127   83   2   2   2   2   2   2   2   2   2								81	Name											
PORT ORANGE FL 32127    84								82	Street	Addres	ss (P.O.	Box Nu	mber i	s Not A	cceptab	ole)				
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes,  SIGNATURE  Signature, typed or printed name of registered agent and tils if upplicable. (NOTE: Registered Agent eignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE TSD DELETE 1.1 TITLE  WIGLE, KEITH 1.2 NAME  STREET ADDRESS 812 BAYBRIDGE LANE 1.3 STREET ADDRESS  DITY-ST-ZIP ORMOND BEACH FL 32174 1.4 CITY-ST-ZIP  TITLE VPD DELETE 2.1 TITLE  VPD DELETE 2.1 STREET ADDRESS SIZE AGAINGTON A	5626 TO	URO DR																		
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 agent and title if applicable.  SIGNATURE  Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TSD  DELETE  1.1 TITLE  WIGLE, KEITH  STREET ADDRESS  SIZ BAYBRIDGE LANE  ORMOND BEACH FL 32174  1.4 CITY-ST-ZIP  TITLE  VPD  DELETE  2.1 TITLE  DELETE  2.1 TITLE  Change  Addition  Change  Addition  ORMOND BCACH FL 32174  TITLE  PD  DELETE  3.1 TITLE  DELETE  3.1 TITLE  Change  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  PD  DELETE  3.1 TITLE  DELETE  3.2 NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  SEGS TOURO DR.  STREET ADDRESS  SEGS TOURO DR.  STREET ADDRESS  SEGS TOURO DR.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	PORT O	range fl	32127					83												
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agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TSD  NAME  WIGLE, KEITH  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL 32174  ITILE  VPD  DELETE  1.1 TITLE  VPD  DELETE  2.1 TITLE  VPD  DUNLOP, THOMAS W  STREET ADDRESS  CITY-ST-ZIP  ORMOND BCH FL 32174  1.4 CITY-ST-ZIP  TITLE  VPD  DUNLOP, THOMAS W  STREET ADDRESS  CITY-ST-ZIP  ORMOND BCH FL 32174  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  ORMOND BCH FL 32174  3.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  PD  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  PD  Change  Addition  Change  Addition  Change  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  Addition  Change  Addition	11. Pursuant	to the provis	ions of Sections 617	.0502 ar	nd 617.1508, F	lorida Statute	s, the al	oove	-named	corpo	ration su	ibmits th	is sta	ement i	for the p	urpose o	chang	ing its	register	ed
Signature, typed or printed name of registrered agent and tillo if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TSD  DELETE  1.1 TITLE  WIGLE, KEITH  STREET ADDRESS  S12 BAYBRIDGE LANE  CITY-ST-ZIP  ORMOND BEACH FL 32174  1.4 CITY-ST-ZIP  TITLE  VPD  DELETE  2.1 TITLE  VPD  DELETE  2.1 TITLE  VPD  Change  Addition  NAME  DUNLOP, THOMAS W  STREET ADDRESS  CITY-ST-ZIP  ORMOND BCH FL 32174  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  ORMOND BCH FL 32174  2.4 CITY-ST-ZIP  TITLE  PD  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  ORMOND BCH FL 32174  2.4 CITY-ST-ZIP  TITLE  PD  Change  Addition  Addition  Change  Addition  Addition  Addition  STREET ADDRESS	agent. I a	egistered ag m familiar w	ith, and accept the	State of r	ns of Section 6	nange was a i17.0503, Flo	utnorizet rida Stat	utes	tne cor	poration	n's poar	a or aire	ctors.	i nerep	y accep	ot the app	oinime	nt as r	egistered	۱ ۱
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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	n																			
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 if 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 chapter or on an attachment with an address.	officer or o	director of th	e corporation or the	receives	or trustee emp	cowered to e	xecute t	ina his r	eport as	require	ed by C	hapter (	ame li 317, Fl	∍gai eπe orida St	atutes;	and that r	ny nam	ie app	ears in	}

WWW REQUIRED