FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 769897

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 US	

FILED Feb 22, 1999 8:00 am Secretary of State

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Principal Place	e of Business	2a. Mailing Addre	ess	•		3. Date Incorporated or Qualifed 08/18/1983				
Suite, Apt. #,	etc.	Suite, Apt. #,	etc.			4. FEI Number 59-2328732	والمحمد المحاسب		Applied For Not Applicable	
City & State		City & State				5. Certifcate of Status Desired		,	.75 Additional ee Required	
Zip	Country 25	Zip 29	Coun 30	try		Election Campaign Financing Trust Fund Contribution	Ö		5.00 May Be dded to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
WALSH, DAN	//FI				lame treet Addre	ss (P.O. Box Number is Not Accepta	able)			
5626 TOURO DR PORT ORANGE FL 32127			B3							
			Î	84 C	City		FL	85	Zip Code	
office or regis	the provisions of Sections 617.1 stered agent, or both, in the St amiliar with, and accept the ob	ate of Florida. Such chang	ge was authorized l	by the	amed corporation	ration submits this statement for the 's board of directors. I hereby accep	purpose of on the appoin	changi ntment	ng its registered as registered	

IGNATURE	Signature, typed or printed name of registered agent and tritle if applicable.	(NOTE: Re	egistered Agent signature n	equired when reinstating)	DATE	
Ž.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECT	
	TSD	☐ DELETE	1.1 TITLE		Change	☐ Addition
-	WIGLE, KEITH		1.2 NAME			
			1.3 STREET ADDRESS		v	į
ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY+ST-ZIP			
	VPD	DELETE	2.1 TITLE	-	Change	Addition
_	DUNLOP, THOMAS W		2.2 NAME)
I ACORESS	812 WARWICK AVE.		2.3 STREET ADDRESS			
ST-ZIP	ORMOND BCH FL 32174		2.4 CITY-ST-ZIP			
	PD	DELETE	3.1 TπLE		Change	☐ Addition
_	WALSH, DANIEL J.		3.2 NAME			l
	5626 TOURO DR.		3.3 STREET ADDRESS			
ST ZIP	PORT ORANGE FL 32127	_	3.4. CITY-ST-ZIP			
		DELETE	4.1 TITLE		☐ Change	Addition
_			4. 2 NAME			
1 AUUNESS		'	4.3 STREET ADDRESS			I.
ST ZIP			4.4 CITY-ST-ZIP			
		DELETE	5.1 TITLE		Change	☐ Addition
			5.2 NAME			
I AUDRESS			5.3 STREET ADDRESS		•	ļ
ST ZIP			5.4 CITY-\$T-ZIP			
		DELETE	6.1 TMLE	•	Change	☐ Addition
_			6.2 NAME			Ì
I ADDAGESS			6.3 STREET ADDRESS			ļ
ST ZIP		ı	6.4 CITY-ST-ZIP			l

I 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, with all other like empowered.