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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 16 PM 2:28

DOCUMENT # 852736 (8)

1. Corporation Name
HALIFAX COUNSELING AND FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
111 E.STERLING ~~P.O.BOX 789~~ BUENA VISTA CO 81211	~~111 E.STERLING~~ P.O.BOX 789 BUENA VISTA CO 81211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1982
3a. Date of Last Report: 03/30/1994
4. FEI Number: 84-0768716 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 111 E. Sterling Ave.	26 PO Box 789
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Buena Vista, CO	28 City & State: Buena Vista, CO
24 Zip: 81211 25 Country: USA	29 Zip: 81211 30 Country: USA

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

31 Name: GODDARD, Hazel B.
32 Street Address (P.O. Box Number is Not Acceptable): 2555 S. Atlantic Ave
33: Apt 802
34 City: Daytona Beach Shores FL 35 Zip Code: 32118

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: Hazel B. Goddard — GODDARD, Hazel B. Founder President Emeritus — 1-24-95
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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	GODDARD, HAZEL B.	12 NAME	VIGORITO, JAMES M
STREET ADDRESS	P.O. BOX 789 N/A	13 STREET ADDRESS	18745 TRAIL WEST DR.
CITY-ST-ZIP	BUENA VISTA CO	14 CITY-ST-ZIP	BUENA VISTA, CO 81211
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	JACKSON, BAIL, M.D.	22 NAME	JACKSON, BASIL, MD.
STREET ADDRESS	2130 N. MAYFAIR RD.	23 STREET ADDRESS NEW	3267 S. 16th St.
CITY-ST-ZIP	MILWAUKEE WI	24 CITY-ST-ZIP	Milwaukee, WI 53215
TITLE	CD	31 TITLE	CD ☐ Change ☐ Addition
NAME	KUESTER, DENNIS	32 NAME	KUESTER, DENNIS
STREET ADDRESS	2828 W. RANGE LINE COURT	33 STREET ADDRESS	2828 W. RANGE LINE COURT
CITY-ST-ZIP	MEQUON WI 53092	34 CITY-ST-ZIP	MEQUON, WI 53092
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

NO CHANGE

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M Vigorito — VIGORITO, JAMES M — President — 1/15/95 — (719) 395-6423
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR TITLE OF DIRECTOR — Date — Daytime Phone Number

0074037

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 2, 1995

HALIFAX COUNSELING AND FAMILY SERVICES, INC.
P.O. BOX 789
BUENA VISTA, CO 81211

SUBJECT: HALIFAX COUNSELING AND FAMILY SERVICES, INC.
Ref. Number: 852736

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 12 or 13. Use a "D" or "T" to designate the title.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Kathy Hyman
ANNUAL_REPORT Section

Letter number: 895A00004427

2/8/95

Because there was no change in Dennis Kuester's title or address, I did not previously enter his name on the right column. I'm sorry for any confusion I created.

James M Vigiano PhD

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314