

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 852736 (8)
1. Corporation Name
HALIFAX COUNSELING AND FAMILY SERVICES, INC.



Principal Place of Business
**111 E STERLING AVE
P.O. BOX 789
BUENA VISTA CO 81211
US**

Mailing Address
**P O BOX 789
P.O. BOX 789
BUENA VISTA CO 81211
US**

3. Date Incorporated or Qualified 04/29/1982	3a. Date of Last Report 02/14/1995
4. FEI Number 84-0768716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**GODDARD, HAZEL B
2555 S ATLANTIC AVE
APT 802
DAYTONA BEACH SHORES FL 32118**

10. Name and Address of New Registered Agent

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

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

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 '92	
TITLE	PD	1.1 TITLE	TD
NAME	VIGORITO, JAMES M	1.2 NAME	HUNT, DALE MARIE
STREET ADDRESS	18745 TRAIL WEST DR	1.3 STREET ADDRESS	10 ALICIA CT
CITY-ST-ZIP	BUENA VISTA CO	1.4 CITY-ST-ZIP	MIDDLETOWN, NJ 07748
TITLE	VD	2.1 TITLE	
NAME	JACKSON, BASIL M	2.2 NAME	
STREET ADDRESS	3267 S 16TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	
NAME	KUESTER, DENNIS	3.2 NAME	
STREET ADDRESS	2828 W. RANGE LINE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI 53092	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dennis J. Kuester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 (414) 765-7808

CR2E037 (12/95)