

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852736 (8)

1. Corporation Name

HALIFAX COUNSELING AND FAMILY SERVICES, INC.

Principal Place of Business

Mailing Address

111 E STERLING AVE
P.O. BOX 789
BUENA VISTA CO 81211
USP O BOX 789
P.O. BOX 789
BUENA VISTA CO 81211-0789
US3. Date Incorporated or Qualified
04/29/19823a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 115 Tabor

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

84-0768716

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 TD
NAME HUNT, DALE M
STREET ADDRESS 10 ALICIA CT
CITY-ST-ZIP MIDDLETOWN NJ 07748☐ DELETE1.1 TITLE CD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE VD
NAME JACKSON, BASIL M
STREET ADDRESS 3267 S 16TH ST
CITY-ST-ZIP MILWAUKEE WI☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE CD
NAME KUESTER, DENNIS
STREET ADDRESS 2828 W. RANGE LINE COURT
CITY-ST-ZIP MEQUON WI 53092☐ DELETE3.1 TITLE D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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: *DALE M HUNT* REQUIRED

2/14/97

(719) 395-6423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 395-6423

2E037 (9/96)