2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N05000009919

Entity Name: HALIFAX AREA VETERANS COUNCIL, INC.

Current Principal Place of Business:

P.O.BOX 25396
HOLLY HILL, FL 321255396

New Principal Place of Business:

1920 MASON AVE
ATTN: SERMAN ROSEN
DAYTONA BEACH, FL 32117

Current Mailing Address:

P.O.BOX 25396
HOLLY HILL, FL 321255396

New Mailing Address:

FEI Number: 76-0793764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLAIS, GILLIS
710 MAGNOLIA AVE
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: ROSEN, SHERMAN
Address: 340 BUCKNELL DT
City-St-Zip: DAYTONA BCH, FL 32118

Title: VCP ( ) Delete
Name: POLEMENI, ANTHONY
Address: 1591 BIRMINGHAM AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete
Name: LEPORE, DONALD
Address: 122 PAPAYA DR
City-St-Zip: ORMOND BCH, FL 32174

Title: D ( ) Delete
Name: BLAIS, GILLIS
Address: 710 MAGNOLIA AVE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEN SHERMAN CP 04/28/2007
Electronic Signature of Signing Officer or Director — Date