2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009919

FILED Apr 30, 2009 Secretary of State

Entity Name: HALIFAX AREA VETERANS COUNCIL, INC.

Current Principal Place of Business:			New Principal Place of Business:	
605 8TH S ATTN: RC HOLLY HI		FANY, CMDR.		
Current M	lailing Addre	ss:	New Mailing Address:	
P.O.BOX 2 HOLLY HI	25396 LL, FL 321255	5396		
FEI Number	: 76-0793764	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
HOLLY HI	NOLIA AVE LL, FL 32117	US submits this statement for the լ	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU		nic Signature of Registered Ag	ont	 Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:) Delete SER LEE HIRE ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VCP (PARKS, MORT 398 DUBS DRI HOLLY HILL, F	VE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (BLAIS, GILLIS 710 MAGNOLI, HOLLY HILL, F	A AVE	Title: Name: Address: City-St-Zip:	() Change () Addition

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: ROGER LEE TIFFANY CP 04/30/2009