

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000208

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** HALIFAX OPHTHALMIC PERSONNEL SOCIETY, INC.

**Current Principal Place of Business:**

5 PINELAKE LN.  
PALM COAST, FL 32164

**New Principal Place of Business:**

91 PROVIDENCE LN.  
PALM COAST, FL 32164

**Current Mailing Address:**

5 PINELAKE LN.  
PALM COAST, FL 32164

**New Mailing Address:**

91 PROVIDENCE LN.  
PALM COAST, FL 32164

**FEI Number:** 26-4319162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** DP  
**Name:** DELORENZO, PATRICIA  
**Address:** 860 W. PINE FOREST TRAIL  
**City-St-Zip:** PORT ORANGE, FL 32127

**Title:** DS  
**Name:** TURNER, BARBARA  
**Address:** 2425 NEEDLE PALM DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141

**Title:** T  
**Name:** ABDULLAH, JENNIFER M  
**Address:** 91 PROVIDENCE LN.  
**City-St-Zip:** PALM COAST, FL 32164

I hereby 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 all other like empowered.

**SIGNATURE:** JENNIFER M. ABDULLAH

T

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date