

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006093

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** HALIFAX AREA MINISTERIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O REV. JOHN GILL  
1000 OLD TOMOKA ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

C/O REV. JOHN GILL  
1000 OLD TOMOKA ROAD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 27-0410419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32115 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: PD  
Name: GILL, JOHN  
Address: 1000 OLD TOMOKA ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD  
Name: SONNENSTEIN, ZEV  
Address: 579 NORTH NOVA ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD  
Name: MURPHY, BUD  
Address: 56 N. HALIFAX DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD  
Name: HAUSER, PETE  
Address: 117 RIVER BLUFF DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ASTD  
Name: OWENS, BILL  
Address: 336 S. HALIFAX DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

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: JOHN B. GILL, III

PRES

03/15/2010

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

\_\_\_\_\_  
Date