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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90032 038 \*\*\*\*61.25

001877

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N15156**

1. Corporation Name

**HALIFAX HABITAT FOR HUMANITY, INC.**

5 2 7 4 2 8  
 527420 - 90032 - 38

Principal Place of Business

524 SOUTH BEACH STREET  
 DAYTONA BEACH FL 32114  
 US

Mailing Address

524 S. BEACH ST.  
 DAYTONA BEACH FL 32114  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**05/29/1986**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2687200**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRASSER, BERNARD H.**  
**235 RIVERSIDE DR.**  
**ORMOND BEACH FL 32176**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **SD**  
**BOUCHARD, RAYMOND**  
 STREET ADDRESS **45 BANYAN DRIVE**  
 CITY-ST-ZIP **ORMOND BEACH FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **VD**  
**STRASSER, BERNARD H**  
 STREET ADDRESS **116 E. GRANADA BLVD.**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **PD**  
**MORY, CHARLES D**  
 STREET ADDRESS **502 N WILD OLIVE**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D**  
**PHILLIPS, JAMES E**  
 STREET ADDRESS **20 TOMOKA VIEW DRIE**  
 CITY-ST-ZIP **ORMOND BCH FL 32174**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D**  
**LAMAR, AVA**  
 STREET ADDRESS **944 S PENINSULA DR., #207**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D**  
**MIDDLETON, CLARENCE V**  
 STREET ADDRESS **1735 SOUTH PALMETTO AVENUE**  
 CITY-ST-ZIP **SOUTH DAYTONA BEACH FL 32119**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Raymond Boucharde*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/99*  
 Date

Daytime Phone #

CR2E037 (1/98)