

**- 2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90013 013 \*\*\*\*61.25

**DOCUMENT # N15156**

1. Entity Name  
**HALIFAX HABITAT FOR HUMANITY, INC.**

Principal Place of Business <del>524 SOUTH BEACH STREET</del> <del>DAYTONA BEACH FL 32114</del> US <b>826 White Street</b> <b>Daytona Beach, FL 32117</b>	Mailing Address <del>524 S. BEACH ST.</del> <del>DAYTONA BEACH FL 32114 5040</del> US <b>826 White Street</b> <b>Daytona Beach, FL 32117</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2687200</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BOUCHARD, RAYMOND</b> <b>45 BANYAN DRIVE</b> <b>ORMOND BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>STRASSER, BERNARD H</b> <b>116 E. GRANADA BLVD.</b> <b>ORMOND BEACH FL 32176</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>PD</b> <b>MORY, CHARLES D</b> <b>502 N WILD OLIVE</b> <b>DAYTONA BEACH FL</b> <input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHILLIPS, JAMES E</b> <b>20 TOMOKA VIEW DRIE</b> <b>ORMOND BCH FL 32174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAMAR, AVA</b> <b>944 S PENINSULA DR., #207</b> <b>DAYTONA BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>MIDDLETON, CLARENCE V</b> <b>1735 SOUTH PALMETTO AVENUE</b> <b>SOUTH DAYTONA BEACH FL 32119</b> <input checked="" type="checkbox"/> Delete</del>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BRINKEEY, -REV.-CARL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PO. BOX 2311</b> <b>DAYTONA BEACH FL 32115</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>HARDRICK, BRUNZY</b> <b>71 CREEK BLUFF WAY</b> <b>ORMOND BEACH FL32174</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond Bouchard 7/5/2000 (904) 257-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20017 11/19

attachment Doc # N15156  
DW 68985

The People of God  
Working Together for the Poor  
In Need of Good Housing



HALIFAX HABITAT FOR HUMANITY

524 S. Beach Street, Box C, Daytona Beach, FL 32114 ● (904) 257-9950

July 5, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: #N15156

Gentlemen:

Enclosed please find our 2000 Uniform Business Report and check for \$61.25.

We relocated our office to 826 White Street, Daytona Beach in April of this year and the form was misplaced during the move.

Thank you for your help.

Sincerely,

Robyn Carey  
Administrative Assistant

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enclosure