

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

0008564

DOCUMENT # N15156

1. Entity Name

HALIFAX HABITAT FOR HUMANITY, INC.

03-13-2001 90075 017 ****70.00

Principal Place of Business

**826 WHITE STREET
 DAYTONA BEACH FL 32117
 US**

Mailing Address

**826 WHITE STREET
 DAYTONA BEACH FL 32117
 US**

123004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2687200

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Ormond Beach, FL 32176 ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 BRINKEEY, REV. CARL
 PO BOX 2311
 DAYTONA BEACH FL 32115** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Brinkley, Rev. Carl ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Vice-President
 Philip Maroney
 275 Clyde Morris Blvd.
 Ormond Beach, FL 32174** ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**President
 David Hood
 P.O. Box 15200
 Daytona Beach, FL 32115** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 HARDRICK, BRUNZY
 71 CREEK BLUFF WAY
 ORMOND BEACH FL 32174** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 P. Bouchard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2001 904 257 9950
 Date Daytime Phone #

CR2E037 (10/00)