

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15156

FILED
Mar 21, 2005
Secretary of State

Entity Name: HALIFAX HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

826 WHITE STREET
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

826 WHITE STREET
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 59-2687200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRASSER, BERNARD H.
235 RIVERSIDE DR.
ORMOND BEACH, FL 32176 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: SD () Delete
Name: DAMANTE, SHARON
Address: C/O 220 S. RIDGEWOOD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: KIRKMAN, ANDREW
Address: 5 JOHN BULOW CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: PD () Delete
Name: MARONEY, PHILIP
Address: C/O 275 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: MOTZEL, BILL
Address: 14 PALMETTO DUNES CIR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: HARDRICK, BRUNZY
Address: 71 CREEK BLUFF WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WELLS, RICHARD
Address: 826 WHITE ST.
City-St-Zip: DAYTONA BEACH, FL 32117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: OSTERNDORF, MARYELLEN
Address: 327 SOUTH PALMETTO
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LORI GILLOOLY

Electronic Signature of Signing Officer or Director

DIR

03/21/2005

_____ Date