

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15156

FILED
Jan 07, 2010
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:

STRASSER, BERNARD H
116 E. GRANADA BLVD.
ORMOND BEACH, FL 32176 US

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

01/07/2010

Date

OFFICERS AND DIRECTORS:

Title: P
Name: OSTERNDORF, MARYELLEN
Address: PO BOX 2352
City-St-Zip: DAYTONA BEACH, FL 32115 US

Title: V
Name: GIRVIN, TAMMY
Address: PO BOX 10809
City-St-Zip: DAYTONA BEACH, FL 32120 US

Title: VP 2
Name: NANCIE, MOODY
Address: 130-D BLUE HERON DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: T
Name: MC DERMOTT, LARRY
Address: 1016 BEL AIRE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: S
Name: HUNT, JONI
Address: 202 KNIGHTS BRIDGE PLACE
City-St-Zip: DEBARY, FL 32713 US

Title: ED
Name: GILLOOLY, LORI M
Address: 826 WHITE STREET
City-St-Zip: DAYTONA BEACH, FL 32117 US

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: LORI M. GILLOOLY

ED

01/07/2010

Electronic Signature of Signing Officer or Director

Date