2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2010
Secretary of State

DOCUMENT# N18457

Entity Name: HALIFAX INSURANCE PLAN, INC.

Current Principal Place of Business:

C/O DAN BOLERJACK
42 S. PENINSULA
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

C/O DAN BOLERJACK
42 S. PENINSULA
DAYTONA BEACH, FL 32118 US

New Mailing Address:

FEI Number: 59-2820549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J
303 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 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: D
Name: GILLESPY, THURMAN, M.D.
Address: 880 JOHN ANDRERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: TS
Name: BOLERJACK, DAN
Address: 42 S PENINSULA
City-St-Zip: DAYTONA BCH, FL 32118

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: DAN BOLERJACK TS 02/09/2010

Electronic Signature of Signing Officer or Director Date