

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18457

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** HALIFAX INSURANCE PLAN, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

FEI Number: 59-2820549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

C/O DAN BOLERJACK  
42 SOUTH PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 US

**New Mailing Address:**

C/O DAN BOLERJACK  
42 SOUTH PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 US

**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: P  
Name: FEASEL, JEFFREY G  
Address: 303 NORTH CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

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

TS

01/11/2011

Electronic Signature of Signing Officer or Director

Date