


5-19.98 B- 7679 -C
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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19907** (7)

1. Corporation Name

HALIFAX HEALTH CARE SYSTEMS, INC.



Principal Place of Business 303 N. CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114	Mailing Address 303 N. CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114
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3. Date Incorporated or Qualified

04/01/1987

4. FEI Number

59-2898487

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIDSON, DAVID J.
303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH 32114**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. SEE ATTACHED

OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	COVINGTON, SYLVESTER	
STREET ADDRESS	633 MADISON AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, EDWIN	
STREET ADDRESS	2425 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANT, PEROMNIA	
STREET ADDRESS	1632 FIFTH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COBLE, MARILYN	
STREET ADDRESS	1150 FLORIDA AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELSTON, ROBERT C.	
STREET ADDRESS	1281 US HIGHWAY 1	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	STANSFIELD, MARY JO	
STREET ADDRESS	884 PENINSULA DRIVE	
CITY-ST-ZIP	ORMOND BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward J. Hevarin, Treas. (904) 254-4278

CR2E037 (10/97)

CORPORATION ANNUAL REPORT - 1998

HALIFAX HEALTH CARE SYSTEMS, INC.

ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	CD		TITLE		
NAME	FOSTER, JAMES H.		NAME		
ADDRESS	714 JOHN ANDERSON DR.		ADDRESS		
CITY/ST/ZIP	ORMOND BEACH, FL 32176		CITY/ST/ZIP		
TITLE	PD		TITLE		
NAME	REES, RON R.		NAME		
ADDRESS	2906 RIVERPOINT DR		ADDRESS		
CITY/ST/ZIP	DAYTONA BEACH, FL 32114		CITY/ST/ZIP		
TITLE	VD		TITLE		
NAME	GRIFFIN, WILLIAM J.		NAME		
ADDRESS	6193 SHORELINE DR		ADDRESS		
CITY/ST/ZIP	PORT ORANGE, FL 32119		CITY/ST/ZIP		
TITLE	STD		TITLE		
NAME	HEVERIN, EDWARD J.		NAME		
ADDRESS	2 WINDSOR DRIVE		ADDRESS		
CITY/ST/ZIP	ORMOND BEACH, FL 32174		CITY/ST/ZIP		