


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 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 # **N33681** (0)
1. Corporation Name
HALIFAX DISTRICT OF THE FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

Principal Place of Business 1380 S WOODLAND BLVD DELAND FL 32720-7731 US	Mailing Address 1380 S WOODLAND BLVD. DELAND FL 32720-7731 US
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3. Date Incorporated or Qualified 08/09/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2963085	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MCRAE, JAMES 1380 S WOODLAND BLVD. DELAND FL 32720	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAHELBLE, CHARLES	1.2 NAME	Gately, Michael
STREET ADDRESS	501 S CLYDE MORRIS	1.3 STREET ADDRESS	1250 Indian Lake Rd
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Daytona Beach, FL 32124
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILLIAMS, EDWARD	2.2 NAME	
STREET ADDRESS	501 S CLYDE MORRIS	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JENNIFER	3.2 NAME	
STREET ADDRESS	1380 S WOODLAND BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, RONALD	4.2 NAME	Robinson, melinda
STREET ADDRESS	501 S CLYDE MORRIS	4.3 STREET ADDRESS	2752 Enterprise Rd
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, JAMES	5.2 NAME	
STREET ADDRESS	1380 S WOODLAND BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWLE, JACK	6.2 NAME	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	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: James M. Crae 4-16-98 (904) 822-6242

CR2E037 (10/97)