



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90048 024 ****61.25

DOCUMENT # N33681					
1. Entity Name HALIFAX DISTRICT OF THE FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.					
Principal Place of Business 1360 S WOODLAND BLVD DELAND, FL 32720-7731 US			Mailing Address 1360 S WOODLAND BLVD. DELAND, FL 32720-7731 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2963085				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAMER, LAURA 1845 HOLSONBACK DR. DAYTONA BEACH, FL 32174			Name <u>BRIAN VOLKMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2752-B Enterprise Rd.</u> City <u>Orange City</u> <u>FL</u> Zip Code <u>32763</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		<u>Brian Volkman - Treasurer</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Brian Volkman</u> (NOTE: Registered Agent signature required when reappointing)	
				DATE <u>1-13-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	Chairperson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNINGS, KURT		NAME	Ron Freeman	
STREET ADDRESS	2752 ENTERPRISE RD		STREET ADDRESS	1360 S. Woodland Blvd.	
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP	Deland, FL 32720	
TITLE	MAL	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULZBACH, JEFFREY		NAME	Brian Volkman	
STREET ADDRESS	717 WEST CANAL STREET		STREET ADDRESS	2752-B Enterprise Rd.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	Orange City, FL 32763	
TITLE	C	<input type="checkbox"/> Delete	TITLE	Post Chair Person	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, CHUCK		NAME	Chuck Luther	
STREET ADDRESS	1360 S. WOODLAND BLVD.		STREET ADDRESS	1360 S. Woodland Blvd.	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	Deland, FL 32720	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Chairperson-Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAMER, LAURA		NAME	Scott Chambers	
STREET ADDRESS	1845 HOLSON BACK DR.		STREET ADDRESS	2752-B Enterprise Rd.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP	Orange City, FL 32720	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		<u>Brian Volkman</u> (BRIAN VOLKMAN)		1-13-05 386-775-5289	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	