

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90002 034 \*\*\*\*61.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N33681</b><br>1. Entity Name<br><b>HALIFAX DISTRICT OF THE FLORIDA ENVIRONMENTAL<br/>HEALTH ASSOCIATION, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>1360 S WOODLAND BLVD<br/>DELAND FL 32720-7731<br/>US</b>   |   |   | Mailing Address<br><b>1360 S WOODLAND BLVD.<br/>DELAND FL 32720-7731<br/>US</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                       |   |  |
| City & State   |   |   | City & State  |   |  |
| Zip  |   | Country   |   | Zip   |  |
| Country  |   | Country   |   | 4. FEI Number<br><b>59-2963085</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>VOLKMAN, BRIAN<br/>2752-B ENTERPRISE RD<br/>ORANGE CITY FL 32763</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |   |   | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)</small>   |   |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>   |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DS<br>JENNINGS, KURT<br>2752 ENTERPRISE RD<br>ORANGE CITY FL 32763    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>VOLKMAN, BRIAN<br>2752-B ENTERPRISE RD<br>ORANGE CITY FL 32763   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PC<br>LUTHER, CHUCK<br>1360 S. WOODLAND BLVD.<br>DELAND FL 32720      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input checked="" type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | CE<br>CHAMBERS, SCOTT<br>2752-B ENTERPRISE RD<br>ORANGE CITY FL 32720 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | C<br>FREEMAN, RON<br>1360 S WOODLAND BLVD<br>DELAND FL 32720          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <i>Brian Volkman</i>   |   |   | 1-24-06 386-775-5247  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date Daytime Phone #</small>   |   |  |



ATTACHMENT

40027879

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

HALIFAX DISTRICT OF THE FLORIDA ENVIRONMENTAL HEALTH AS  
1360 S WOODLAND BLVD.  
DELAND, FL 32720-7731 US

Subject: HALIFAX DISTRICT OF THE FLORIDA ENVIRONMENTAL HEALTH

Reference Number: N33681

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION