

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 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 # **N93000001582 (6)**

1. Corporation Name

RESIDENT INITIATIVE COUNCIL OF HALIFAX PARK, INC



Principal Place of Business 19 HALIFAX PARK DAYTONA BEACH FL 32114		Mailing Address %RAYMOND A. PHELAN, CPA 623 N. GRANDVIEW AVE DAYTONA BEACH FL 32118	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 04/06/1993			
4. FEI Number NOT APPLICABLE			
Applied For Not Applicable			
5. Certificate of Status Desired <input 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 checked="" 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent X COOPER, MAMIE X 39 HALIFAX PARK X DAYTONA BEACH FL 32114 Dennis Carlins 117 Halifax Park Daytona Beach, Fl. 321		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: Dennis Carlins DENNIS CARLINS 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, MAMIE		1.2 NAME Dennis Carlins	
STREET ADDRESS 39 HALIFAX PARK		1.3 STREET ADDRESS 117 Halifax Park	
CITY-ST-ZIP DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP Daytona Beach, Florida 32114	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES, MARIE		2.2 NAME Marie James	
STREET ADDRESS 116 HALIFAX PARK		2.3 STREET ADDRESS 112 Halifax Park	
CITY-ST-ZIP DAYTONA BEACH FL 32114		2.4 CITY-ST-ZIP Daytona Beach, Florida 32114	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELMS, MARY		3.2 NAME Tonya Hawkins	
STREET ADDRESS 112 HALIFAX PARK		3.3 STREET ADDRESS 62 Halifax Park	
CITY-ST-ZIP DAYTONA BEACH FL 32114		3.4 CITY-ST-ZIP Daytona Beach, Fl. 32114	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE Treasurer/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THORN, JOYCE		4.2 NAME Mary Nelms	
STREET ADDRESS 102 HALIFAX PARK		4.3 STREET ADDRESS 112 Halifax Park	
CITY-ST-ZIP DAYTONA BEACH FL 32114		4.4 CITY-ST-ZIP Daytona Beach, Fl. 32114	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Dennis Carlins 4/28/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
Daytime Phone # 0000059

CR2E037 (10/97)