

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004237

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** HALIFAX HEALTHY FAMILIES CORPORATION

**Current Principal Place of Business:**

1688 WEST GRANADA BLVD., SUITE 2D  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

303 N. CLYDE MORRIS BLVD  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-3216270      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIDSON, DAVID J ESQ.  
303 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHAEFFER, DEANNA  
Address: 1688 WEST GRANADA BLVD., SUITE 2D  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D  
Name: FEASEL, JEFF  
Address: 303 NORTH CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: CD  
Name: QUINN, DON  
Address: 1057 MASON AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D  
Name: CARBIENER, PAM M.D.  
Address: 1890 LPGA BLVD., SUITE 160  
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: D  
Name: ALLRED, AL  
Address: 401 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32165 US

Title: D  
Name: AZAMA-EDWARDS, GWEN J  
Address: 104 WATER TURKEY COURT  
City-St-Zip: DAYTONA BEACH, FL 32119 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEANNA SCHAEFFER

P

03/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date