

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

FILED
Mar 16, 2012
Secretary of State

Entity Name: HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE FUND, INC.

Current Principal Place of Business:

303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 321142709 US

New Mailing Address:

FEI Number: 23-7337259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J
303 NO 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: D
Name: MARTIN, TERRY
Address: 303 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

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

Title: PD
Name: BEAUCHAMP, MIKE
Address: 303 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: TD
Name: GONZALEZ, LUZ
Address: 303 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

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

Title: SD
Name: LIBRIZZI, PAT
Address: 303 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 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: MIKE BEAUCHAMP

PD

03/16/2012

Electronic Signature of Signing Officer or Director

Date