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May 19 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 # N97000001880 (0)

1. Corporation Name

HALIFAX FISH COMMUNITY HEALTH, INC.



Principal Place of Business	Mailing Address
1041 DUNLAWTON AVE. PORT ORANGE FL 32127	1041 DUNLAWTON AVE. PORT ORANGE FL 32127

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

59-3457640

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 303 N. Clyde Morris Blvd.

Suite, Apt. #, etc.

27 Attn: General Counsel

City & State

28 Daytona Beach, FL

Zip

29 32114

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, DAVID J
303 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. SEE ATTACHED

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marilyn Coble	
1.3 STREET ADDRESS	1150 Florida Avenue	
1.4 CITY-ST-ZIP	Daytona Beach, FL 32114	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sylvester Covington	
2.3 STREET ADDRESS	543 Orange Ave., Suite A	
2.4 CITY-ST-ZIP	Daytona Beach, FL 32114	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Elston	
3.3 STREET ADDRESS	1281 U.S. Highway 1	
3.4 CITY-ST-ZIP	Ormond Beach, FL 32174	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Peromonia Grant	
4.3 STREET ADDRESS	1632 Fifth Street	
4.4 CITY-ST-ZIP	Daytona Beach, FL 32117	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Edwin W. Peck, Jr.	
5.3 STREET ADDRESS	2430 S. Atlantic Ave., Suite F	
5.4 CITY-ST-ZIP	Daytona Beach Shores, FL 32118	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mary Jo Stansfield	
6.3 STREET ADDRESS	864 Peninsula Drive	
6.4 CITY-ST-ZIP	Ormond Beach, FL 32176	

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

Marilyn Coble

4-29-98

904 254-4278

CR2E037 (10/97)

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ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE			TITLE	D	Addition
NAME			NAME	James H. Foster	
ADDRESS			ADDRESS	353 Oak Drive	
CITY/ST/ZIP			CITY/ST/ZIP	Ormond Beach, FL 32176	
TITLE			TITLE	D	Addition
NAME			NAME	Richard Bailey	
ADDRESS			ADDRESS	1304 Julia Street	
CITY/ST/ZIP			CITY/ST/ZIP	New Smyrna Beach, FL 32168	
TITLE			TITLE	D	Addition
NAME			NAME	Frances R. Ford	
ADDRESS			ADDRESS	513 Riverside Drive	
CITY/ST/ZIP			CITY/ST/ZIP	Edgewater, FL 32132	
TITLE			TITLE	D	Addition
NAME			NAME	Arden W. Kelley	
ADDRESS			ADDRESS	1025 Glencoe Road	
CITY/ST/ZIP			CITY/ST/ZIP	New Smyrna Beach, FL 32168	
TITLE			TITLE	D	Addition
NAME			NAME	Aubrey S. Lunsford	
ADDRESS			ADDRESS	121 Via Capri	
CITY/ST/ZIP			CITY/ST/ZIP	New Smyrna Beach, FL 32168	
TITLE			TITLE	D	Addition
NAME			NAME	John Massey	
ADDRESS			ADDRESS	P.O. Box 1208	
CITY/ST/ZIP			CITY/ST/ZIP	New Smyrna Beach, FL 32168	
TITLE			TITLE	D	Addition
NAME			NAME	Michael N. Renfroe	
ADDRESS			ADDRESS	240 N. Brooks Circle	
CITY/ST/ZIP			CITY/ST/ZIP	Oak Hill, FL 32759	

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12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE			TITLE	D	Addition
NAME			NAME	William L. Ross, Jr.	
ADDRESS			ADDRESS	221 N. Causeway, Suite A	
CITY/ST/ZIP			CITY/ST/ZIP	New Smyrna Beach, FL 32169	