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NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1998 8:00am

Secretary of State

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001880 (0)

HALIFAX FISH COMMUNITY HEALTH, INC. Principal Place of Business Mailing Address 1041 DUNLAWTON AVE. 1041 DUNLAWTON AVE. 3. Date Incorporated or Qualified PORT ORANGE FL 32127 PORT ORANGE FL 32127 04/03/1997 4. FEI Number Applied For Not Applicable 59-3457640 2. Principal Place of Business 2a. Maiting Address \$8.75 Additional 5. Certificate of Status Desired 303 N. Clyde Morris Blvd. 21 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Ω 22 27 Trust Fund Contribution Added to Fees Attn: General Counsel City & State City & State 7. Is this nonprofit corporation a homeowners association? Daytona Beach, FL Yes 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 32114 24 25 29 USA Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DAVIDSON, DAVID J Street Address (P.O. Box Number is Not Acceptable) 303 NORTH CLYDE MORRIS BLVD. 83 **DAYTONA BEACH FL 32114** 84 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ATTACHED 13. DELETE ☐ Change Addition TITLE 1.1 TITLE Marilyn Coble NAME 1.2 NAME 1150 Florida Avenue STREET ADDRESS 1.3 STREET ADORESS Daytona Beach, FL 32114 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change X Addition TITLE 2.1 TITLE 2.2 NAME NAME Sylvester Covington 2.3 STREET ADDRESS STREET ADDRESS 543 Orange Ave., Suite A CITY-ST-ZIP 2.4 CITY-ST-ZIP Daytona Beach, FL 32114 DELETE Addition TITI F 3.1 TITLE NAME 3 2 NAME Robert Elston STREET ADDRESS 3.3 STREET ADDRESS 1281 U.S. Highway 1 CITY-ST-ZIP 3.4. CITY-ST-ZIP Ormond Beach, FL 32174 DELETE Addition TITLE 41 TITLE Peromnia Grant NAME 4. 2 NAME 1632 Fifth Street STREET ADDRESS 4.3 STREET ADDRESS Daytona Beach, FL 32117 CITY-ST-ZIP 4.4 CITY-ST-ZIP **X** Addition ☐ DELETE TITLE 5.1 TITLE Edwin W. Peck, Jr. NAME 5.2 NAME 2430 S. Atlantic Ave., Suite F STREET ADDRESS **5.3 STREET ADDRESS** Daytona Beach Shores, FL 32118 CITY-ST-ZIP 5.4 City-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME Mary Jo Stansfield STREET ADDRESS 6.3 STREET ADDRESS 864 Peninsula Drive

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

# CORPORATION ANNUAL REPORT - 1998 Halifax Fish Community Health

### **ADDENDUM TO SECTION 12**

NAME ADDRESS CITY/ST/ZIP ADDRESS CITY/ST/ZIP CITY/ST/ZIP  TITLE NAME ADDRESS CITY/ST/ZIP  NAME ADDRESS CITY/ST/ZIP  TITLE  NAME ADDRESS CITY/ST/ZIP ADDRESS CITY/ST/ZIP TITLE  TITLE  NAME ADDRESS CITY/ST/ZIP TITLE  TITLE  NAME ADDRESS CITY/ST/ZIP TITLE  TITLE  NAME ADDRESS CITY/ST/ZIP TITLE  NAME ADDRESS CITY/ST/ZIP Addit  NAME ADDRESS CITY/ST/ZIP TITLE  TITLE  NAME ADDRESS CITY/ST/ZIP TITLE  TITLE  TITLE  TITLE  NAME AUDRESS CITY/ST/ZIP TITLE  TITLE  NAME AUDRESS CITY/ST/ZIP NEW Smyrna Beach, FL 32168  TITLE  NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE  NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE  NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE  NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168	12. OFFICERS AND DIRECTORS	DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
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TITLE  NAME  NAME  ADDRESS  CITY/ST/ZIP  TITLE  NAME  ADDRESS  CITY/ST/ZIP  TITLE  NAME  NAME  NAME  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  ADDRESS  CITY/ST/ZIP  TITLE  NAME  ADDRESS  CITY/ST/ZIP  TITLE  TITLE  TITLE  TITLE  NAME  ADDRESS  CITY/ST/ZIP  TITLE  TITLE  TITLE  NAME  ADDRESS  CITY/ST/ZIP  TITLE  NAME  ADDRESS  CITY/ST/ZIP  TITLE  NAME  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  NAME  ADDRESS  CITY/ST/ZIP  NAME  ADDRESS  CITY/ST/ZIP  NAME  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  NAME  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  NAME  ADDRESS  CITY/ST/ZIP  NAME  NAME  ADDRESS  CITY/ST/ZIP  NAME  NAME  ADDRESS  CITY/ST/ZIP  NAME  NAME  ADDRESS  CITY/ST/ZIP  NAME  NAME  ADDRESS  CITY/ST/ZIP  NEW Smyrna Beach, FL 32168  TITLE  NAME  ADDRESS  CITY/ST/ZIP  NAME  NAME  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  NAME  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  NAME  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  D  Addit  NAME	ADDRES\$		ADDRESS	353 Oak Drive	
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TITLE D  NAME Frances R. Ford  ADDRESS CITY/ST/ZIP Edgewater, FL 32132  TITLE D  NAME Arden W. Kelley  ADDRESS CITY/ST/ZIP D  NAME Arden W. Kelley  ADDRESS CITY/ST/ZIP D  Addit  NAME Arden W. Kelley  ADDRESS CITY/ST/ZIP D  TITLE D  NAME Aubrey S. Lunsford  ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE D  NAME Aubrey S. Lunsford  ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE D  NAME Aubrey S. Lunsford  ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE D  NAME John Massey  ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE D  NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE D  NAME Addit  NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE D  NAME Michael N. Renfroe	ADDRESS		ADDRESS	1304 Julia Street	
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TITLE  NAME  ADDRESS  CITY/ST/ZIP  CITY/ST/ZIP  TITLE  D  Addit  NAME  Arden W. Kelley  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  NAME  AUDRESS  CITY/ST/ZIP  TITLE  D  Addit  NAME  Aubrey S. Lunsford  ADDRESS  CITY/ST/ZIP  CITY/ST/ZIP  CITY/ST/ZIP  TITLE  D  Addit  NAME  ADDRESS  CITY/ST/ZIP  TITLE  D  Addit  NAME  NAME  NAME  John Massey  ADDRESS  CITY/ST/ZIP  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  NAME  ADDRESS  CITY/ST/ZIP  TITLE  D  Addit  NAME  NAME  NAME  NAME  NAME  NAME  Michael N. Renfroe	ADDRES\$		ADDRESS	513 Riverside Drive	
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TITLE  NAME  NAME  Aubrey S. Lunsford  ADDRESS  CITY/ST/ZIP  CITY/ST/ZIP  TITLE  D  NAME  ADDRESS  CITY/ST/ZIP  New Smyrna Beach, FL 32168  TITLE  NAME  NAME  NAME  John Massey  ADDRESS  CITY/ST/ZIP  Additional Control of the contr	ADDRES\$		ADDRESS	1025 Glencoe Road	
NAME ADDRESS CITY/ST/ZIP New Smyrna Beach, FL 32168 TITLE NAME NAME Michael N. Renfroe	CITY/ST/ZIP		CITY/ST/ZIP	New Smyrna Beach, FL 32168	
ADDRESS CITY/ST/ZIP CITY/ST/ZIP CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE NAME NAME ADDRESS ADDRESS ADDRESS ADDRESS CITY/ST/ZIP CITY/ST/ZIP CITY/ST/ZIP CITY/ST/ZIP TITLE D New Smyrna Beach, FL 32168  TITLE D New Smyrna Beach, FL 32168  TITLE NAME NAME Michael N. Renfroe	TITLE		TITLE	D	Addition
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TITLE D Addition  NAME John Massey  ADDRESS P.O. Box 1208  CITY/ST/ZIP CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE D Addition  NAME Michael N. Renfroe	ADDRES\$		ADDRESS	121 Via Capri	
NAME John Massey ADDRESS P.O. Box 1208 CITY/ST/ZIP CITY/ST/ZIP New Smyrna Beach, FL 32168 TITLE D Additional NAME Michael N. Renfroe	CITY/ST/ZIP		CITY/ST/ZIP	New Smyrna Beach, FL 32168	
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CITY/ST/ZIP CITY/ST/ZIP New Smyrna Beach, FL 32168  TITLE D Addition NAME Michael N. Renfroe	NAME		NAME	John Massey	
TITLE D Addition NAME Michael N. Renfroe	ADDRES\$		ADDRESS	P.O. Box 1208	
NAME Michael N. Renfroe	CITY/ST/ZIP		CITY/ST/ZIP	New Smyrna Beach, FL 32168	
	TITLE		TITLE	D	Addition
ADDRESS 240 N. Brooks Circle	NAME		NAME	Michael N. Renfroe	
	ADDRES\$		ADDRESS	240 N. Brooks Circle	
CITY/ST/ZIP Oak Hill, FL 32759	CITY/ST/ZIP		CITY/ST/ZIP	Oak Hill, FL 32759	

## CORPORATION ANNUAL REPORT - 1998 Halifax Fish Community Health

12. OFFICERS AND DIRECTORS DELE		13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TTLE	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	