

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90044 046 ****61.25

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DOCUMENT # N97000001880

1. Corporation Name

HALIFAX FISH COMMUNITY HEALTH, INC.

Principal Place of Business

1041 DUNLAWTON AVE.
PORT ORANGE FL 32127

Mailing Address

303 N CLYDE MORRIS BLVD
ATTN: GENERAL COUNSEL
DAYTONA BEACH FL 32211
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

59-3457640

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

TITLE D ☐ DELETE

NAME COBLE, MARILYN
STREET ADDRESS 1150 FLORIDA AVE
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE D ☐ DELETE

NAME COVINGTON, SYLVESTER
STREET ADDRESS 543 ORANGE AVE, STE A
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE D ☐ DELETE

NAME ELSTON, ROBERT
STREET ADDRESS 1281 US HIGHWAY 1
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE D ☐ DELETE

NAME GRANT, PEROMNIA
STREET ADDRESS 1632 FIFTH ST
CITY-ST-ZIP DAYTONA BCH FL 32117

TITLE D ☐ DELETE

NAME PECK, EDWIN W JR
STREET ADDRESS 2430 S ATLANTIC AVE, STE F
CITY-ST-ZIP DAYTONA BCH SHORES FL 32118

TITLE D ☐ DELETE

NAME STANSFIELD, MARY J
STREET ADDRESS 864 PENINSULA DRIVE
CITY-ST-ZIP ORMOND BCH FL 32176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

633 Madison Avenue

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 (904)253-5768
Date Daytime Phone #

CR2E037 (1/198)

254319-90044-46
N97060001880

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ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	D		TITLE		
NAME	James H. Foster		NAME		
ADDRESS	353 Oak Drive		ADDRESS		
CITY/ST/ZIP	Ormond Beach, FL 32176		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	Richard Bailey		NAME		
ADDRESS	1304 Julia Street		ADDRESS		
CITY/ST/ZIP	New Smyrna Beach, FL 32168		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	Frances R. Ford		NAME		
ADDRESS	513 Riverside Drive		ADDRESS		
CITY/ST/ZIP	Edgewater, FL 32132		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	Arden W. Kelley		NAME		
ADDRESS	1025 Glencoe Road		ADDRESS		
CITY/ST/ZIP	New Smyrna Beach, FL 32168		CITY/ST/ZIP		
TITLE	D	Delete	TITLE	D	Add
NAME	Aubrey S. Lunsford		NAME	Sallie Gillespie	
ADDRESS	121 Via Capri		ADDRESS	610 N. Peninsula Ave.	
CITY/ST/ZIP	New Smyrna Beach, FL 32168		CITY/ST/ZIP	New Smyrna Beach, FL 32168	

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12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	D		TITLE		
NAME	John Massey		NAME		
ADDRESS	P.O. Box 1208		ADDRESS		
CITY/ST/ZIP	New Smyrna Beach, FL 32168		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	Michael N. Renfroe		NAME		
ADDRESS	240 N. Brooks Circle		ADDRESS		
CITY/ST/ZIP	Oak Hill, FL 32759		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	William L. Ross, Jr.		NAME		
ADDRESS	221 N. Causeway, Suite A		ADDRESS		
CITY/ST/ZIP	New Smyrna Beach, FL 32169		CITY/ST/ZIP		
TITLE			TITLE	D	Add
NAME			NAME	Frank W. Toub, M.D.	
ADDRESS			ADDRESS	501 Live Oak Street	
CITY/ST/ZIP			CITY/ST/ZIP	New Smyrna Beach, FL 32168	
TITLE			TITLE	D	Add
NAME			NAME	James Sutton, M.D.	
ADDRESS			ADDRESS	311 N. Clyde Morris Blvd.	
CITY/ST/ZIP			CITY/ST/ZIP	Daytona Beach, FL 32114	