

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001880

FILED  
Mar 17, 2006  
Secretary of State

**Entity Name:** HALIFAX FISH COMMUNITY HEALTH, INC.

**Current Principal Place of Business:**

1041 DUNLAWTON AVE.  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

480 FENTRESS BLVD., STE. K  
DAYTONA BEACH, FL 32114 US

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3457640      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DAVIDSON, DAVID J  
303 NORTH 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: CD ( ) Delete  
Name: COOPER, FRED  
Address: 720 GREEN STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: TD ( ) Delete  
Name: MCGEE, BILL  
Address: 250 EAST HALIFAX AVENUE  
City-St-Zip: OAK HILL, FL 32759 US

Title: VD ( ) Delete  
Name: QUINN, DON  
Address: 555 WEST GRANADA BLVD., STE. 5B  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete  
Name: OWNBY, THOMAS MD  
Address: 510 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: S/D ( ) Delete  
Name: VOGEL, JEANNIE  
Address: 2435 SWORDFISH LANE  
City-St-Zip: EDGEWATER, FL 32141 US

Title: D ( ) Delete  
Name: RITCHEY, GLENN  
Address: 551 NORTH NOVA ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENN RITCHEY

D

03/17/2006

Electronic Signature of Signing Officer or Director

Date