

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717623

Entity Name: HALIFAX MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

303 N CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114-2732

Current Mailing Address:

303 N CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114-2732 US

FEI Number: 23-7052230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KWIATEK, KELLY
303 N CLYDE MORRIS BLVD
DAYTONA BCH, FL 32114 US

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: KELLY KWIATEK

02/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WATERS, FALON
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name HUNT, JONI
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name GUTHRIE, JOHN
Address 303 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

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: JOHN GUTHRIE

DIRECTOR

02/26/2024

Electronic Signature of Signing Officer/Director Detail

Date