

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734691

**Entity Name:** HALIFAX HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

252 SOUTH BEACH STREET  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

252 SOUTH BEACH STREET  
DAYTONA BEACH, FL 32114

**FEI Number:** 23-7432863

**Certificate of Status Desired:** No

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

LE VEILLE, FAYN M  
252 SOUTH BEACH STREET  
DAYTONA BEACH, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HUNT, KENNETH . .  
Address        252 SOUTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            ROMANIK, MATTHEW ESQ.  
Address        252 SOUTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            GLASSER, DAVID ESQ.  
Address        252 SOUTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            BRUMMETT, LINDA WEBER  
Address        252 SOUTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            TREASURER  
Name            HUNTER, JOHN  
Address        252 SOUTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            SECRETARY  
Name            TRAGER, RUTH  
Address        252 SOUTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            CORRESPONDING SECRETARY  
Name            WHARTON, CATHERINE  
Address        252 SOUTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            MUSEUM DIRECTOR  
Name            LEVEILLE, FAYN M  
Address        252 SOUTH BEACH STREET  
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:** FAYN M. LEVEILLE

**MUSEUM DIRECTOR**

**05/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date