

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009919

Entity Name: HALIFAX AREA VETERANS COUNCIL, INC.**Current Principal Place of Business:**1323 DERBYSHIRE ROAD
ATTN: ROGER LEE TIFFANY, DIR.
HOLLY HILL, FL 32117**Current Mailing Address:**P.O.BOX 250396
HOLLY HILL, FL 32125-0396 US**FEI Number:** 76-0793764**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BLAIS, GILLES
710 MAGNOLIA AVE
HOLLY HILL, FL 32117 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 DIRECTOR
Name TIFFANY, ROGER LEE
Address 1321 DERBYSHIRE ROAD
City-State-Zip: HOLLY HILL FL 32117-1817Title VCP
Name LEPORE, DONALD
Address 122 PAPAYA DR.
City-State-Zip: ORMOND FL 32174Title DIRECTOR
Name BLAIS, GILLES
Address 710 MAGNOLIA AVE
City-State-Zip: HOLLY HILL FL 32117Title COMMANDER
Name PROAX, DALLAS
Address P.O.BOX 250396
City-State-Zip: HOLLY HILL FL 32125-0396

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: ROGER LEE TIFFANY

DIR

05/01/2019

Electronic Signature of Signing Officer/Director Detail_____
Date