

**2018 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****04/28/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date