

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 24 PM 12:35

DOCUMENT # 734443

(5)

1. Corporation Name

HOMES IN PARTNERSHIP, INC.

Principal Place of Business

235 E. 5TH ST.
P.O. BOX 761
APOPKA FL 32703

Mailing Address

235 E. 5TH ST.
P.O. BOX 761
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/20/1975

3a. Date of Last Report
05/01/1994

4. FEI Number
51-0188718

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATHIS, SAMUEL E.
5504 SPRING RUN AVE.
ORLANDO FL 32819**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MATHIS, SAMUEL E.**
STREET ADDRESS **5504 SPRING RUN AVE.**
CITY - ST - ZIP **ORLANDO FL**

TITLE **VD**
NAME **RODRIGUEZ, LOURDES**
STREET ADDRESS **325 W. LAFAYETTE ST**
CITY - ST - ZIP **WINTER GARDEN FL**

TITLE **SD**
NAME **MARTIN, BETTY**
STREET ADDRESS **4134 OAK GROVE RD.**
CITY - ST - ZIP **ZELLWOOD FL**

TITLE **TD**
NAME **NORMAN, MARY-ANNE**
STREET ADDRESS **SUN BANK RD, 2324 SAND LAKE ROAD**
CITY - ST - ZIP **ORLANDO FL**

TITLE **M**
NAME **KELLOM, H. LEWIS**
STREET ADDRESS **601 N. INDIGO DR.**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **ENGEL, KENNETH**
2.4 CITY - ST - ZIP **750 SOUTH ORLANDO AVE**
WINTER PARK, FL 32789-489592

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **JEWETT, HOWARD**
3.4 CITY - ST - ZIP **631 SOUTH ORLANDO AVE, SUITE 200**
WINTER PARK, FL 32789

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD**
4.3 STREET ADDRESS **MARTIN, BETTY**
4.4 CITY - ST - ZIP **4134 OAK GROVE RD.**
ZELLWOOD, FL 32798

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H. Lewis Kellom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. LEWIS KELLOM, EXECUTIVE DIRECTOR

5/24/95
Date

(407) 886-2451
Anytime 1995-5