

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified
11/26/1975

3a. Date of Last Report
05/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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

KENNETH ENGEL
750 S. ORLANDO AVE.
WINTER PARK, FL 32789

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kenneth Engel* (President) Kenneth Engel

3/21/96

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

NOTE: Registered Agent signature required who is not the same as the one above.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MATHIS, SAMUEL E.	
STREET ADDRESS	5504 SPRING RUN AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ENGEL, KENNETH	
STREET ADDRESS	750 S ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JEWETT, HOWARD	
STREET ADDRESS	631 S ORLANDO AVE SUITE 200	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, BETTY	
STREET ADDRESS	4134 OAK GROVE RD	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	KELLOM, H. LEWIS	
STREET ADDRESS	601 N. INDIGO DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ENGEL, KENNETH		
1.3 STREET ADDRESS	750 S. ORLANDO AVE.		
1.4 CITY-ST-ZIP	WINTER PARK FL 32789		
2.1 TITLE	VICE PRESIDENT	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWARD JEWETT		
2.3 STREET ADDRESS	631 SOUTH ORLANDO AVE.		
2.4 CITY-ST-ZIP	WINTER PARK FL 32789		
3.1 TITLE	SECRETARY	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LELIA ALLEN		
3.3 STREET ADDRESS	400 SOUTH ORANGE AVE, 6TH FLOOR		
3.4 CITY-ST-ZIP	ORLANDO FL 32801		
4.1 TITLE	TREASURER	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOWARD MARBURY		
4.3 STREET ADDRESS	1090 NORTH CIRCLE COURT		
4.4 CITY-ST-ZIP	WINTER GARDEN FL 34787		
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Executive Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

(407) 886-2451

Date

Daytime Phone #

CR2E037 (12/95)