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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

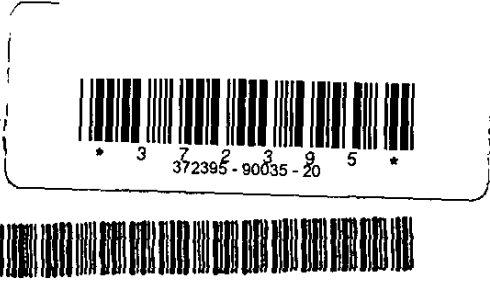


DOCUMENT # 734443

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**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	2a. Suite, Apt. #, etc.	11/26/1975
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	51-0188718
24. Country	29. Country	5. Certificate of Status Desired / ☒ \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

ENGEL, KENNETH 750 S. ORLANDO AVE. WINTER PARK FL 32789	81. Name	HOWARD JEWETT
	82. Street Address (P.O. Box Number is Not Acceptable)	631 SOUTH ORLANDO AVE
	83. City	WINTER PARK
	84. Zip Code	FL 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Howard Jewett DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

Bohita S. McCoy, Director of Program Operations

SIGNATURE: _____ DATE: **1/4/99** (407) 886-2451