2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 734443

Entity Name: HOMES IN PARTNERSHIP, INC.

Current Principal Place of Business:

235 E. 5TH ST.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

235 E. 5TH ST.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 51-0188718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCQUEEN, VERNON
3300 EXCHANGE PLACE
NP2A
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	ED	( ) Delete
Name:	KELLOM, H. LEWIS	
Address:	601 N. INDIGO DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	VP	( ) Delete
Name:	DAVILA, CARMEN J	
Address:	903 EVERGREEN AVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701 US	
Title:	P	( ) Delete
Name:	MCQUEEN, VERNON	
Address:	3300 EXCHANGE PLACE NP2A	
City-St-Zip:	LAKE MARY, FL 32746 US	
Title:	T	( ) Delete
Name:	HEYWOOD, GORDON C	
Address:	714 NORTH DONNELLY STREET	
City-St-Zip:	MOUNT DORA, FL 327562672 US	
Title:	S	( ) Delete
Name:	CRITTENDEN, IVERA D	
Address:	2386 PARTNERSHIP HILLS DR	
City-St-Zip:	APOPKA, FL 32712 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	DAVILA, CARMEN J	
Address:	903 EVERGREEN AVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: H. LEWIS KELLOM ED 02/02/2009

Electronic Signature of Signing Officer or Director — Date