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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

372359 - 90034 - 34

DOCUMENT # N03868

1. Corporation Name
HFTP - MID-FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1430 ORLANDO FL 32802-1430	P.O. BOX 1430 ORLANDO FL 32802-1430

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 08/01/1984
4. FEI Number: 65-0038596 ☐ 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

9. Name and Address of Current Registered Agent

LEBRUTO, STEPHEN M.
4713 SUDBURY DR
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name: BRENDA PENROD
82 Street Address (P.O. Box Number is Not Acceptable): 60 IVANHOE BLVD.
83
84 City: Orlando FL 85 Zip Code: 32804

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: Brenda J Penrod (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 4/6/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	PENROD, BRENDA		1.2 NAME		
STREET ADDRESS	60 IVANHOE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	2.1 TITLE	P	☐ Change ☑ Addition
NAME	LEBRUTO, STEPHEN M.		2.2 NAME	Diana J. Hull	
STREET ADDRESS	4713 SUDBURY DR		2.3 STREET ADDRESS	7299 Universal BLVD	
CITY-ST-ZIP	ORLANDO FL 32826		2.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	S	☐ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	MCCLOSKEY, LARRY		3.2 NAME		
STREET ADDRESS	1 GRAND CYPRESS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	S	☑ Change ☐ Addition
NAME	PARRISH, BILL		4.2 NAME		
STREET ADDRESS	9000 BAY HILL BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	ROMANO, JOE		5.2 NAME		
STREET ADDRESS	9300 AIRPORT BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	DARRA, RON		6.2 NAME	Stephen R Dales	
STREET ADDRESS	6375 W HWY 192		6.3 STREET ADDRESS	6649 Westwood BLVD, Ste 500	
CITY-ST-ZIP	KISSIMMEE FL 32821		6.4 CITY-ST-ZIP	Orlando, FL 32821	

CR2E037 (11/98)

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.

SIGNATURE: SIGNATURE REQUIRED — 2/11/99 — 401-825-1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #