FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N35066 (2)

1. Corporation Name

~~VOLUSIA COUNTY HOUSING PARTNERSHIP, INC.~~

MID-FLORIDA HOUSING PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
543 ORANGE AVE B DAYTONA BCH FL 32114 US	PO BOX 1345 DAYTONA BCH FL 32115 US

3. Date Incorporated or Qualified: 11/03/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2997945 ☐ 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 (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)

9. Name and Address of Current Registered Agent

WEINBERG, ROBERT
955-A ORANGE AVE
DAYTONA BCH FL 32114

10. Name and Address of New Registered Agent

81 Name: Cindy Jones
82 Street Address (P.O. Box Number is Not Acceptable): 1823 Security First Blvd.
83
84 City: Daytona Beach FL 85 Zip Code: 32114

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: Cynthia C. Jones
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	1.1 TITLE	President P/D	☒ Change ☐ Addition
NAME	WEINBERG, ROBERT	1.2 NAME	Cindy Jones	
STREET ADDRESS	955-A ORANGE AVE	1.3 STREET ADDRESS	~~P.O. Box 9010~~ 1823 Security First Blvd	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	Daytona Beach, FL 32120 32114	
TITLE	V/D	2.1 TITLE	Vice President V/D	☒ Change ☐ Addition
NAME	LINDA, MCDONNELL	2.2 NAME	Rafael Ramirez	
STREET ADDRESS	300 SUNFLOWER	2.3 STREET ADDRESS	1400 Ocean Shore Blvd.	
CITY-ST-ZIP	DALAND FL 32724	2.4 CITY-ST-ZIP	Ormond By The Sea, FL 32176	
TITLE	S/D	3.1 TITLE	Secretary S/D	☒ Change ☐ Addition
NAME	MASTRO, DON	3.2 NAME	Peggy Rooney	
STREET ADDRESS	175 W GRANADA BLVD	3.3 STREET ADDRESS	3863-C Nova Road	
CITY-ST-ZIP	ORMOND BCH FL	3.4 CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	T	4.1 TITLE	Treasurer T	☒ Change ☐ Addition
NAME	RAMIREZ, RAFAEL	4.2 NAME	Don Mastro	
STREET ADDRESS	1400 OCEAN SHORE BLVD	4.3 STREET ADDRESS	175 West Granada Blvd.	
CITY-ST-ZIP	ORMOND BCH FL 32176	4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	T/D	5.1 TITLE	Executive Director T/D	☒ Change ☐ Addition
NAME	SMITH, TONY	5.2 NAME	Francine Gordon	
STREET ADDRESS	2300 S. ATLANTIC BLVD	5.3 STREET ADDRESS	543 Orange Ave.	
CITY-ST-ZIP	DAYTONA BCH FL 32114	5.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

C.S

REMITTED BY MAY 1

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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)(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.

SIGNATURE: Francine Gordon Francine Gordon 4-5-95 904-252-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002347