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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N35066** **(2)**

1. Corporation Name

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 32115-1345 US

3. Date Incorporated or Qualified: 11/03/1989
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business
21 330 North Street
Suite, Apt. #, etc.
22 N/A
City & State
23 Daytona Beach, FL
Zip 24 32114 Country 25

2a. Mailing Address
26 P.O. Box 1345
Suite, Apt. #, etc.
27
City & State
28 Daytona Beach, FL
Zip 29 32114-1345 Country 30

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

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

9. Name and Address of Current Registered Agent

JONES, CINDY
1823 SECURITY FIRST BLVD.
DAYTONA BCH FL 32114

10. Name and Address of New Registered Agent

81 Name: Rafael Ramirez
82 Street Address (P.O. Box Number is Not Acceptable): 1400 Ocean Shore Blvd.
83
84 City: Ormond By The Sea FL 85 Zip Code: 32176

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: [signature] Rafael Ramirez, President 3/19/97
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JONES, CINDY		1.2 NAME	Rafael Ramirez	
STREET ADDRESS	1823 SECURITY FIRST BLVD.		1.3 STREET ADDRESS	1400 Ocean Shore Blvd.	
CITY-ST-ZIP	DAYTONA BCH. FL 32114		1.4 CITY-ST-ZIP	Ormond By The Sea, FL 32176	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	RAMIREZ, RAFAEL		2.2 NAME	Anita Hastings	
STREET ADDRESS	1400 OCEAN SHORE BLVD.		2.3 STREET ADDRESS	2701 S. Ridgewood Ave #10-C	
CITY-ST-ZIP	ORMOND BY THE SEA FL 32176		2.4 CITY-ST-ZIP	South Daytona, FL 32119	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	ROONEY, PEGGY		3.2 NAME	Dave Castagnacci	
STREET ADDRESS	3863-C NOVA RD.		3.3 STREET ADDRESS	P.O. Box 2775 N/A	
CITY-ST-ZIP	PORT ORANGE FL 32127		3.4 CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	MASTRO, DON		4.2 NAME	Charles Bryant	
STREET ADDRESS	175 W. GRANADA BLVD.		4.3 STREET ADDRESS	P.O. Box 374 N/A	
CITY-ST-ZIP	ORMOND BCH FL 32174		4.4 CITY-ST-ZIP	Pierson, FL 32180	
TITLE	TD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	GORDON, FRANCINE		5.2 NAME		
STREET ADDRESS	~~543 ORANGE AVE.~~		5.3 STREET ADDRESS	330 North St.	
CITY-ST-ZIP	DAYTONA BCH. FL 32114		5.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] President 3/19/97 904/441-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone [illegible]