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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
330 NORTH ST DAYTONA BCH FL 32114 US	PO BOX 1345 DAYTONA BCH FL 32114-1345 US

3. Date Incorporated or Qualified: 11/03/1989

4. FEI Number: 59-2997945 ☐ Applied For ☒ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMIREZ, RAFAEL
1400 OCEAN SHORE BLVD
ORMOND BY THE SEA FL 32176

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: X [signature] Rafael Ramirez, President 3/14/98
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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HASTINGS, ANITA 2701 S R		1.2 NAME		
STREET ADDRESS	1823 SECURITY FIRST BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	S DAYTONA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, RAFAEL		2.2 NAME		
STREET ADDRESS	1400 OCEAN SHORE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BY THE SEA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASTAGNACCI, DAVE		3.2 NAME		
STREET ADDRESS	PO BOX 2775 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, FRANCINE		4.2 NAME		
STREET ADDRESS	330 NORTH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, CHARLES		5.2 NAME		
STREET ADDRESS	PO BOX 374 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	PIERSON FL		5.4 CITY-ST-ZIP		
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 (10/97)

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.

SIGNATURE: X RAFAEL RAMIREZ [signature] 3/14/98 904/441-1200