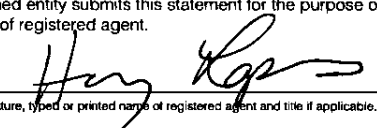
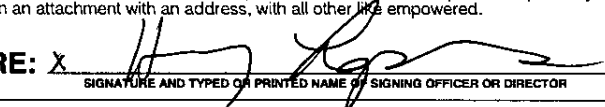


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90003 046 ****70.00

DOCUMENT # N35066 1. Entity Name MID-FLORIDA HOUSING PARTNERSHIP, INC.					
Principal Place of Business 330 NORTH ST DAYTONA BCH, FL 32114 US				Mailing Address PO BOX 1345 DAYTONA BCH, FL 32114-1345 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAPINS, HARRY 527 BEVILLE RD SOUTH DAYTONA, FL 32119				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>X</i>  9-1-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	☐ Change ☐ Addition	
NAME	LAPINS, HARRY		NAME		
STREET ADDRESS	527 BEVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP		
TITLE	TD		TITLE	☐ Change ☐ Addition	
NAME	GORDON, FRANCINE		NAME		
STREET ADDRESS	330 NORTH ST		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP		
TITLE	SD		TITLE	☐ Change ☐ Addition	
NAME	HARTMAN, MARIE		NAME		
STREET ADDRESS	301 S RIDGEWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	T		TITLE	☐ Change ☐ Addition	
NAME	HASTINGS, ANITA		NAME		
STREET ADDRESS	301 FLAGLER AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE	VD		TITLE	☐ Change ☐ Addition	
NAME	HUGHES, CYNDI		NAME		
STREET ADDRESS	2900 S. ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>X</i>  9-1-04 (386)322-0228 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					