

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90038 012 ****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**

50004139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

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

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 May 1, 2005

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 ☐ Delete
NAME **PD**
STREET ADDRESS **LAPINS, HARRY**
CITY-ST-ZIP **527 BEVILLE RD
SOUTH DAYTONA, FL 32119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **GORDON, FRANCINE**
CITY-ST-ZIP **330 NORTH ST.
DAYTONA BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **HARTMAN, MARIE**
CITY-ST-ZIP **301 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114**

TITLE ☐ Change ☒ Addition
NAME **SD TONY BLAKE**
STREET ADDRESS **605 N. SEGRAVE AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HASTINGS, ANITA**
CITY-ST-ZIP **301 FLAGLER AVE
NEW SMYRNA BEACH, FL 32169**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Same address**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **HUGHES, CYNDI**
CITY-ST-ZIP **2900 S. ATLANTIC AVE
DAYTONA BEACH, FL 32118**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **CYNDI HUGHES PARKER**
CITY-ST-ZIP **5111 RIDGEWOOD AVE Ste 200
PORT ORANGE, FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRAN GORDON

386-752-7200

Date

Daytime Phone #