2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2006 8:00 am Secretary of State

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DOCUMENT # N35066 1. Entity Name MID-FLORIDA HOUSING PARTNERSHIP, INC.				. !	-	3 032 ****70.·		
Principal Plac	e of Business	Mailing Address		40-				
330 NORTH ST PO BOX 1345								
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Suite, Apt.		Suite, Apt. #, etc.	on we					
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Zig (Çountry	Zip /	Country)	₩ \$8.75 Add	litional	
3211	7 Volesca	32117	Poleesee	5. Certificate of St	atus Desired [\$8.75 Add		
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Regis	tered Agent		
1.45000	IA DDV		Name					
LAPINS, F 527 BEVIL			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	AYTONA, FL 32119		Olicet Add	Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Code		
			l ony			FL Zip Code	•	
	named entity submits this statement for	the purpose of changing its re	gistered office or re	egistered agent, or both, in	the State of Florida	. I am familiar with,	and accept	
the obligation	tions of registered agent.							
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CICALATURE								
SIGNATURE	- warry rap	ins, Preside	247					
SIGNATURE	Signature, typed or printed name of registered agent en	nd title if applicable. (NOTE: R	2 M T logistered Agent signature	required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent en	nd title if applicable. (NOTE: R	legistered Agent signature	<u> </u>	Make		•	
SIGNATURE	Signature, typed or printed name of registered agent or Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp	aign Financing	\$5.00 May Be		check payable to Department of Si		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	tate	
10.	Signature, typed or printed name of registered agent at Filling Fee is \$81.25	9. Election Camp Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be	Florida	check payable to Department of SI	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the rike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(386) 322-0228

Daytime Phone #

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Date